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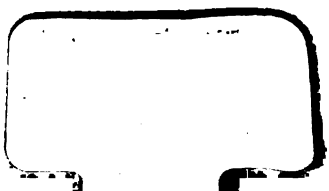

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THE

MEDICO-CHIRURGICAL

REVIEW.

NEW SERIES.

VOLUME THREE.

[BEING VOL. VII. OF ANALYTICAL SERIES.]

CONDUCTED BY

ASSOCIATED PHYSICIANS AND SURGEONS;

AND SUPERINTENDED BY

JAMES JOHNSON, M.D.

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON, AND PHYSICIAN EXTRAORDINARY TO HIS ROYAL HIGHNESS THE DUKE OF CLARENCE.

Nec tibi quid liceat sed quid fecisse decebit
Occurrat mentemque domat respectus honesti.—CLAUD.

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1825.

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TO CORRESPONDENTS.

The PARALLEL is received from S. by the Foreign Post. It came on the 17th of September, after the Journal was closed. It will appear in our next.

JUSTUS will see the subject he alludes to near the end of the Periscope in this Number.

The very valuable specimen of Diseased Bladder has been received from Dr. D. It is forwarded to the Museum of the College of Surgeons as a very rare and important Specimen.

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THE

MEDICO-CHIRURGICAL REVIEW.

VOL. VII.] Analytical Series. [No. 21.

" Nec tibi quid liceat sed quid fecisse decebit
" Occurrat, mentemque domat respectus honesti."

VOL. III.] JULY, 1, 1825. [No. 5.

[NEW SERIES.]

I.

An Account of the Disease lately prevalent at the General Penitentiary. By P. MERE LATHAM, M.D. Fellow of the Royal College of Physicians, and Physician to St Bartholomew's Hospital. Octavo, pp. 286. London, Underwoods, March, 1825.

THE subject of this volume is by no means of so local a nature as many people imagine. It embraces a great deal of etiology, pathology, and therapeutics. We purposely abstained from entering on the Penitentiary business, while only the crude mass of conflicting opinions and contradictory evidence (in the shape of Parliamentary Reports) was before us;—knowing that a more digested and instructive document was likely to emanate from one of the physicians most conversant with the facts of the case—and not wishing, for our own parts, to tread the same ground over and over again. We had another reason for delay—the very same which operated—and, we think, beneficially operated—on the mind of Dr. Latham himself.

" So long as such questions happen, from circumstances, to engage the interest of the public, or to admit the least mixture of party-spirit, medical men can hardly feel confident of their own impartiality; and they would do well, perhaps, to suspend their inquiry, and, certainly, to withhold their decision, until that interest and that spirit have had time to subside." *Preface*—ii.

It would, indeed, have been highly imprudent to come forward with a work of this kind, at a time when the editors of

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newspapers took the etiology of diseases into their own hands, and when coroners' juries considered themselves the proper tribunals for solving the most intricate problems in pathology! It was at this period, also, that numerous little medico-political coteries were in close divan—and when individuals gave vent to their feelings of jealousy, disappointment, ambition, and various other ugly passions, through the medium of anonymous squibs, and downright misrepresentations, in the columns of the daily prints! But now, that the hopes of some, the fears of others, and the curiosity of all, have had ample time to subside, reason and reflection may perchance serve as guides to the judgment, and philosophy may again resume that seat which party-spirit had usurped.

With the reports of committees, the depositions of witnesses, and the innumerable vague rumours which FAME, with her hundred tongues, had diffused "per mare ac terras," the public have been long satiated—and they are already consigned to the capacious womb of oblivion, with millions of other events, of far greater importance in their little day of notoriety. The documents now before us are of a very different stamp. They contain information applicable to the every day purposes of life, besides a curious and authentic account of a most perplexing endemic, which, though circumscribed within the walls of a single building in the metropolis, puzzled, and not seldom baffled the most eminent of the faculty in this empire!

It is well known that Drs. Latham and Roget were employed in the service of the Penitentiary for the period of 15 months—that is, from March, 1823, to May, 1824—during four months of which they had the able assistance of Drs. Hue, Southey, and Macmichael, to whom, especially the latter, (as will be seen farther on) Dr. L. acknowledges his obligations, particularly in certain etiological investigations that will be adverted to in the sequel.

Dr. Latham, conceiving that he should best succeed in rendering intelligible the history of the Milbank endemic, by describing the circumstances in the same order as they presented themselves to his observation, we shall endeavour to follow him, and convey to our readers a succinct exposé of the work, hoping, at the same time, that they will apply to the original for full information on each subject in detail.

The Milbank endemic did not immediately reveal its complete character. It assumed a great variety of forms, while all its symptoms did not appear at one time, or in one individual—in fact, it was only after continual observation of the disease for more than twelve months (in which period it existed and

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ceased, and again and again recurred in many hundred individuals) that our author could state what he now ventures to state, respecting its symptoms, nature, causes, and treatment.

The character of the disease, as it first presented itself to the notice of Drs. Latham and Roget, may be gathered from their first report to the Committee of the House of Commons, dated 5th April, 1823, of which we shall give an outline. It contains the result of one month's observations and inquiries.

The reporters state that, from the testimony of the officers, as well as the matron of the Penitentiary, the general health of the prisoners began to decline in the preceding autumn—1822. They became pale and languid—thin and feeble—unequal to their former task-work. Still there was no manifest sign of any particular disease—the number of sick received into the Infirmary not much exceeding that of former years and similar seasons. It was in the beginning of February, 1823, that Mr. Hutchison reported some marks of scurvy in a few individuals. In the last fortnight of February, nearly 50 cases of diarrhœa and dysentery were admitted—suspected to be of a peculiar kind, viz. to be "scorbutic dysentery." At this time these affections were beginning to spread widely, in different degrees, throughout the prison.

On the first of March, our author and his colleague entered on duty, and having learnt the abovementioned facts, proceeded to investigate the actual condition of the prisoners with their own eyes. They found the prevailing disease "to be the same with that which is known by the name of *sea scurvy*, and which is characterized by livid spots or blotches of the skin, especially on the lower extremities." Conjoined with the scurvy, in almost every case, there was diarrhœa or dysentery—and, in numerous cases, these last diseases existed, "where no marks of scurvy had appeared."

"But still, whether the scurvy subsisted alone, or the diarrhœa or dysentery subsisted alone, or whether they were conjoined in the same individuals, there was found in all those who suffered from either, or from both, the same constitutional derangement, denoted by a sallow countenance, an impaired digestion, diminished muscular strength, a feeble circulation, various degrees of nervous affection, as tremors, cramps, or spasms, and various degrees of mental despondency." 5.

These facts and phenomena naturally enough led to the belief that the scurvy and the bowel complaints were owing to the general constitutional derangement. They examined the bodies of two prisoners who had died dysenteric, and found, in various parts of the intestines, the morbid appearances termed ecchymoses—"that is, spots of the same kind as those

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which, on the skin, constitute scurvy." "We found, in fact, an absolute scurvy of the bowels, of which the diarrhœa or dysentery was only a symptom and consequence."*

The disease affected more than one half of the whole number of prisoners—but more of the women, in proportion, than the men.

"Some striking exemptions require to be noticed. Of the 24 prisoners employed in the kitchens (13 men and 11 women) belonging to the class which had suffered most extensively, all were free from the disease, excepting three, one woman and two men. These three had been promoted to the kitchen within four days. It is proper to add, that the officers and servants of the Establishment, together with their families, residing within the walls of the prison, and amounting to 106 individuals, were universally exempt from the disease." 7.

The enquiries respecting the *causes* of the disease, at this period, led the reporters to state it, as their opinion, "that the situation of the prison had not contributed to its production," an opinion which, as will be seen, they had reason afterwards to alter. We shall therefore pass over the *reasons* which the reporters assigned for their first opinion—merely observing that the circumstances and history, *at that period*, appeared to justify the conclusion to which they came, and would, in all probability, have led any other men, or body of men, to the same persuasion.

Having stated their opinion of what was *not* the cause of the disease, the reporters go on to state what they considered to be the *causes*: namely, the low scale of diet and the inclemency of the weather.

"One such cause is found, we conceive, in the diet of the prison. During the last eight months the diet was different from what it had been ever since its establishment. The change which took place in July last, reduced the animal part of the diet almost to nothing. In a soup, made of pease or barley, ox heads were boiled, in the proportion of one ox head to 100 male, and one to 120 female prisoners: and we found, upon inquiry, that the meat of one ox head weighed, upon an average, eight pounds, which, being divided among a hundred, allows only an

* This is an important fact for the consideration of those who maintain that *inflammation* of the mucous membrane of the intestines is the primary and proximate cause of dysentery. Here we have merely *ecchymoses*, a state of condition the very reverse of inflammation—a phenomenon which takes place very commonly *in dead bodies*, where inflammation will hardly be accused of going on. In the Penitentiary prisoners, who were walking spectres, and covered with livid blotches, dysentery destroyed life, and yet ecchymosis only was visible. This proves that inflammation is not essentially necessary for the production of dysentery, though it is a very general epiphenomenon, where the disease has continued for any time.—*Rev.*

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ounce and a quarter for each prisoner. This new diet had been continued until the present time; and to it we mainly ascribe the production of the disease in question." 10.

The diet *alone*, however, was not considered the cause of the disease. The severity of the winter was looked upon as a powerful auxiliary.

In respect to the prevention and treatment, our authors ordered a change of diet, allowing the prisoners four ounces daily of animal food, and eight of rice, with other suitable addenda. The medical means need not, at present, be detailed.

Between the 12th and 19th March, the horizon of the Penitentiary cleared considerably. The prisoners worked more cheerfully—the scorbutic marks had begun to decline—and some had entirely disappeared. The diarrhœa and dysentery receded, *pari passu*, with the exterior phenomena of disease.

Between the 1st March and the 5th April, the period embraced in this report, 222 had been admitted, besides 110 whom they found in the Infirmaries. Of these, 11 had died of dysentery—and 5 of other diseases.

The report concludes with some very judicious suggestions respecting an improved scale of diet for the prisoners.

From the report, of which we have now exhibited a sketch, it is obvious, and, indeed, Dr. L. candidly confesses, that the reporters entertained no other opinion concerning the disorder than that it consisted of a diarrhœa or dysentery, and a slight scorbutic diathesis—that it arose from impoverishing diet and inclement weather—that it was already on the eve of disappearing—and, finally, that the health of the prisoners was n to be perfectly re-established. But, alas, how shortsighted are poor mortals! and how uncertain are all medical prognostications!

"The report had hardly been made public when the disease, so far as it was referable to the bowels, began to re-appear: by the middle of the month of May it had again pervaded the prison; and by the middle of the month of June, all the prisoners, without exception, who had formerly suffered; and all, with very few exceptions, who had been exposed to its presumed causes, yet had never suffered before; and all, with very few exceptions, who had been admitted into the Penitentiary since its presumed causes had been removed, were involved in the same calamity; and the remedies, which were formerly successful in controlling it, had not now the smallest beneficial influence." 23.

It is to be remarked, however, that the scorbutic spots never returned—it was the bowel complaint that now assailed the prisoners with such violence. This brings us to the second chapter of the work, where the individual affections are taken

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into consideration separately, and in a more purely professional manner than could be done in a report to a parliamentary committee.

1. *Scurvy.* That condition of the surface, called "gooseskin"—a state produced by the common causes of constitutional weakness, and frequently seen among those who are ill nourished and ill cloathed, was particularly observed by the reporters among the Penitentiary prisoners, when first visited by them.

"In whatever part of the extremities this condition of the skin was most conspicuous, there were always found certain specks or spots of a blue or livid colour, formed by blood extravasated beneath the cuticle.

"In some, these spots were no larger than a pin's head, and quite circular; when they shewed themselves hardly any where, except just at the outside of the knee near the bend of the hams.

"In some, intermixed with these spots of the smaller size, were others, of the diameter of a pea, and quite circular; when they shewed themselves over various parts of the extremities, but still especially about the hams.

"In some, there were blue and livid spots of a much larger size, still preserving a sort of circular figure, and evidently formed by two or three of the smaller spots, with which they were intermixed, coalescing into one. These specks and spots of all sizes, intermingled and coalescing with each other, were distributed over every part of the extremities.

"In others, together with these specks and spots which have been described, or without them, there were large blotches of an irregular shape, and of such an extent as to leave the legs, or arms, or thighs, or buttocks, almost uniformly livid, with hardly an appearance of their natural complexion.

"In a few there was ecchymosis of the conjunctiva; and, in a few, ecchymosis and swelling of the upper eye-lid.

"These appearances, occasioned by blood extravasated beneath the cuticle, from the clusters of little livid points about the hams to the large livid patches occupying the whole limb, must be regarded as indicating different degrees of the same disease, by whatever name it is called. Some concomitant conditions, which remain to be noticed, will enable us perhaps satisfactorily to determine what that name ought to be.

"The gums were spongy, and soft, and livid, and disposed to bleed, in all those who had extensive discolourations of the skin; and in those who had mere specks and spots of ecchymosis, their condition, although it might not have been noticed under ordinary circumstances, was far from being healthy; they had a purplish hue, and were tender and sore, and often ragged, just where they come in application with the teeth. In a few, and especially in one man (Henry Peers) the mouth seemed in a state of absolute rottenness, the gums bleeding and broken down,

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the teeth loose, and their fangs half exposed, and the whole mucous membrane of the lips and cheeks black and ragged, while a foul cadaverous smell was emitted with the breath.

"In many who exhibited specks and spots only of ecchymosis, and in all whose limbs were covered with large blotches, the muscles of the legs were perfectly hard and rigid. In a few, the legs were œdematous, and one man (Henry Peers, already mentioned) was universally dropsical." 29.

To such phenomena we cannot but apply the term scurvy—a disease not peculiar to seamen alone, but affecting, at various times, and in various places, bodies of men on shore, as lately happened with our unfortunate countrymen, at Rangoon, in the East Indies.

2. *The Bowel Complaints.* These are represented by our author as very peculiar in their nature—being "neither a diarrhœa nor a dysentery simply," nor belonging exclusively to the bowels, "but to the whole system."

"There was every degree and species of flux that was ever seen or described. There were cases which corresponded with the descriptions of the Indian cholera. The patients were seized with intolerable cramps at the pit of the stomach. They retched and vomited, and a thin turbid serum ran from their bowels, followed by severe tenesmus. The pulse became feeble and frequent; they were pale and chilly; and a sudden anguish pervaded the whole frame. Again, there were cases which corresponded with the common autumnal cholera of this country. The patients had severe griping of the intestines generally, and cramps of the extremities, while pure and unmixed bile ran from the bowels, scalding them (as they expressed it) like melted lead in its passage.

"Moreover, there was every kind and degree of dysentery; some purged pure blood in large quantities; others, a fluid like the water in which raw flesh had been washed. In some, the evacuations otherwise healthy, were just streaked with blood; in some they contained (what seemed to be) lumps of flesh. In others they were mixed with mucus and slime, or they consisted of mucus and slime altogether.

"Again, there were cases which differed very little from the diarrhœa of common casual occurrence, except that they were quite intractable by common remedies. The evacuations were loose and attended with griping, but feculent and without any morbid quality.

"Lastly, there were cases which had no resemblance whatever, either to cholera, or dysentery, or diarrhœa, or to any disorder that has obtained a name. In the evacuations, there appeared nothing that had any sensible quality of fæces, of bile, or blood, or (of what is understood by) mucus and slime. But they consisted sometimes of a mass, like green or black grapes in a state of fermentation; sometimes of a matter like yeast; sometimes they were in colour and consistence like half-slaked lime, when it is beginning to crumble; and sometimes like

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a thin mixture of chalk and water, and always intolerably sour and offensive, and in enormous quantity." 34.

It is to be remarked, that the probable issue could not be prognosticated by the kind of flux only:—for those who had extreme symptoms of cholera or dysentery were as likely to recover as those who had simple diarrhœa—and those who had the *latter* were as likely to die as those who had the *former*! This being the case, it became necessary to seek for indications in the concomitant phenomena. Accordingly, they looked to the state of the abdomen, in respect to the presence or absence of pain—to the tongue, pulse, &c. The abdomen was found, in some, to be partially distended, chiefly about the epigastrium—in some, universally tympanitic—in others, retracted towards the spine—in many, the state of the abdomen was soft and natural. The pains were very variable, both in kind and in degree. Some experienced none at all, except just before or after the evacuations.

"The great majority, however had some kind of perpetual uneasiness within the abdomen. There was a very general complaint of (what was called) *sinking at the pit of the stomach*. What this sinking is, those only know who have suffered it. All patients speak of it by the same name, but do not describe it further. From observing and interrogating those who now complained of it, I suspected it to consist of a certain degree of actual pain, combined with a feeling which is akin to approaching syncope, and spreads from the stomach, as from a centre, over the whole frame. It is a painful and overpowering sensation, as if animal life itself was hurt and lessened.

"Now this sinking was not only present with the bowel complaint, but many suffered it alone, long before their bowel complaint arose; and many still suffered it long after their bowel complaint was gone. In the one case, it gave notice that the disease was approaching, before its more characteristic symptoms arrived; in the other, it was an evidence that, although its more characteristic symptoms had subsided, the disease had not actually ceased. That this painful and depressing sensation, among many other severe sufferings, was often still the greatest of all, I infer from this consideration. Patients would continually endeavour to withdraw our attention from the more tangible symptoms of their disorder for the sake of fixing it upon this. When we were interrogating them upon circumstances apparently more urgent, they would interrupt us, and exclaim 'but this sinking, this sinking; pray do something for this sinking!'" 37.

Many suffered agonizing paroxysms of pain in various parts of the abdomen, as in the regions of the stomach, bladder, loins, &c. They partook principally of the colicky character, but must, in some degree, have been owing to the diseased state of the bowels. In the great majority of cases, the tongue,

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during the whole course of the complaint, was quite clean, moist, and of natural colour.

The pulse, in a few cases, had frequency and strength enough to require bleeding, or depletory means short of bleeding—but, in the majority of instances, there was no morbid character in the pulse which demanded bleeding or any other kind of depletion. The same might be said of the pyrexia. Such was the remarkable diversity of symptoms accompanying this strange and multiform disorder of the bowels, the concomitant phenomena of which, instead of helping to illustrate, contributed rather to obscure the real nature of the malady! "If any form of the disorder was more formidable than another, it was that which seemed to consist in mere diarrhœa." Of this form, two cases made an early and lasting impression on the minds of the physicians. They had come, by a slow but uninterrupted progress, to a fatal issue, without any other symptom than that of simple diarrhœa. No pain—no fever. Never did the reporter witness the process of dissolution so lingering. "In the very act of dying, when the pulse could only just be felt, it had not exceeded sixty." Their purging was incessant and uncontrollable—but there was nothing particular in the evacuations, except that they were watery.

"One of these patients was examined after death, and the only traces of disease discovered, were three or four spots of ecchymosis at the upper portion of the large intestines, without any appearance of vascularity or inflammation in the neighbourhood." In process of time, cases of this kind became more and more numerous.

"Many poor wretches thus affected were given up by us as lost, and were just ready to perish at the time when we first resorted to the use of mercury. They lay in bed without fever; without pain; without excitement of the pulse; but with a turbid water continually running from their bowels. This was their only symptom; and this nothing could restrain. Their complaint (as long as they did complain) was of "that dreadful sinking." But now their complaining had ceased. Being roused, they looked up for a moment, but made no lamentation, and then laid their heads down again in despair. It was a dismal office to watch over their tardy dissolution, and witness the frustration of every expedient for their relief. These were the cases in which we first put the efficacy of mercury to successful proof; and I cannot help mentioning the relief my mind experienced from a sense of responsibility which had now become truly awful, as soon as the salutary influence of this remedy was apparent." 43.

In those who died, dissection discovered various morbid conditions in the course of the intestinal tract. They were princi-

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pally of three kinds:—ecchymosis—congestion of the small blood-vessels—ulceration. Many died of long-continued and uncontrollable bowel complaint, without any thing being found but a few patches of ecchymosis or of vascular congestion. In others, there were small ulcers—apparently a change from ecchymosis or vascular congestion.

"There was, however, one appearance, not unfrequently met with in our examinations, with which I was then unacquainted, and which (as far as I know) has never been particularly described. This was the appearance of ulcers in the course of their progress towards reparation. It is a question (I believe) whether ulcers of the bowels be capable of reparation at all. Here, however, there seemed to be sufficient evidence that they were so.

"In several bodies, which we examined, one, or two, or three little spots were found, corresponding, in shape and size, with the smaller ulcers, which have been noticed, where there was no remaining character of ulceration, but the mucous membrane apparently drawn and puckered, and its continuous smoothness interrupted. At these spots, closer examination, by help of a lens, discovered a circular margin, which was slightly elevated, enclosing a space which was slightly depressed. This space had a reticulated appearance, formed by minute white filaments of lymph, crossing each other in various directions, among which small red blood vessels were visible. There was no unusual vascularity of the mucous membrane in the neighbourhood, nor any alteration of its natural colour; so that these little spots would probably have escaped our notice, had we not been habitually minute in our examinations. In a few instances, however, we were led to them by observing a peculiar condition of the peritoneal coat, which seemed here and there gathered up and drawn to a point, appearing externally as if a small portion of the intestine had been taken up by the forceps and tied with a ligature on the inside. Wherever such was the condition of the peritoneum, upon examining the bowel within, we found an ulcer in (what I presume to be) the course of reparation exactly opposite to it. It is probable that, where such was the appearance of the bowel externally, the ulcer had originally extended to a considerable depth; that it had reached perhaps beyond the muscular coat, and that its reparation was in some sort necessarily effected at the expense of the peritoneum. Granulations springing from the bottom of the ulcer, as they contracted and coalesced, would pucker and draw together that part of the peritoneum from which they grew." 52.

In comparing the symptoms during life, with the appearances on dissection, "there did not appear any very strict correspondence between them." Yet there was, Dr. L. observes, a certain correspondence between them of a more general character—especially as related to the seat, though not the nature of the local affection in the bowels. "Still, upon the whole,

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the disease, as traced out by dissection, was far from affording an entire explanation of the disease, as manifested by symptoms during life." The following is a judicious observation, and one which we wish were more generally borne in mind by those pathologists who trace certain constitutional disease (as fever) to a local origin.

"But the entire disease does not always consist in its visible marks upon particular organs. If injury be done to a healthy body, there, indeed, it may; and its anatomical character simply may become the best criterion, whether it be of easy or difficult reparation. But, where a visible change of structure arises, independent of injury from without, there must be something within the body that preceded, and conduced to it. This something, this inceptive movement, whether it be of the part or of the constitution, which foreruns the actual manifestation of visible disease, will not bear to be spoken of with precision. We talk of cachexies, of constitutional taints, and morbid dispositions, not knowing how to define what we mean. This, however, we know, that the local diseases which follow the conditions we thus designate, upon whatever part of the body they fall, are much more difficult of cure than their mere anatomical character would imply." 56.

It is certain, observes Dr. L. that, at the Penitentiary, long before the manifestation of any particular disease had appeared, the general health of the prisoners had begun to decline. Thus, although scurvy and bowel complaint did not appear till February, 1823, the prisoners had become "pale, languid, thin, and feeble," according to the testimony of the officers, in the preceding autumn.

This universal cachexy, although unknown as to its precise nature, was something real in fact—and was perhaps the most important part of the endemic.

Treatment. In the beginning of April the flux, which affected between four and five hundred people, had given way almost entirely to chalk mixture and laudanum, aided by an improved scale of diet. But when the bowel complaint returned at the end of that month, it was no longer amenable to the same remedies. Still they endeavoured to reach the disease, by combating conspicuous symptoms. For pain, aggravated by pressure, and attended with pyrexia, blisters, fomentation, bleeding, &c. were employed, and so on with other symptoms; "but the consequence was only a brief respite from suffering while the flux continued." Then were employed the train of astringents, bitters, aromatics, antimonials, ipecacuan, &c. but all in vain. The anceps remedium, that much *abused* (in every sense of the word) medicine, MERCURY, was

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yet in reserve; but "owing to considerations which had an unavoidable influence upon our minds, some time elapsed before we resorted to its employment." They understood, indeed, that a fair trial had been given to the remedy before they took charge of the Penitentiary, which was one reason of delay. Another was, that scurvy had been combined with the flux;—an adjunct which, upon medical theories (the bases of which are well known to be as immutable as the sun) was an insuperable objection to the use of mercury. The extract we are now about to introduce is long, but indispensible.

"While two hundred individuals were suffering a flux of the bowels at the same time, and many seemed gradually approaching to their dissolution; and while the numbers of the sick were every day increasing, and the forms of the disease were becoming more and more various and complex, and all the methods of treatment hitherto employed had served to palliate only, and not to cure, Dr. Roget and myself determined, after mature deliberation, to get rid of all restriction upon our practice, which had arisen from the consideration that the flux was originally combined with scurvy; and we agreed to employ mercury, in such forms and combinations as the exigencies of particular cases might seem to require.

"We first made trial of this remedy in those cases which our experience had brought us to regard with the greatest apprehension, cases (if I may so say) of mere passive diarrhœa, where there was no excitement of the circulation, where there was little pain, and little of morbid quality in the evacuations, but where the evacuations were enormously frequent, and hitherto absolutely incontrollable. In these cases all medical expedients had failed, and we were now compelled to content ourselves with such temporary relief, and such short intervals of ease, as opium, administered in draughts, or clysters, or in cataplasms, was able to procure. In our trial of mercury for these cases, we proceeded thus:—Equal quantities of hydrargyr. c. cretâ and pulv. ipec. comp. were made into pills; each pill consisted of five grains, two grains and a half of each ingredient, and one of them was administered, three times a day, to about twenty patients. Still there was no abatement of the diarrhœa. They were administered four times a day, and still the diarrhœa continued. They were given five times a day; when, upon our next visit to the Penitentiary, we found, among those who had taken mercury, one female in a profuse salivation, and the diarrhœa completely arrested in her, and in her alone. This poor creature had formerly had scorbutic spots upon the skin, at the same time that she suffered a flux of the bowels. The scorbutic spots had disappeared altogether; the flux had subsided, but returned; and that form of it, which has been described, had now brought her life into imminent hazard.

"In this instance, the salutary effect of mercury was unquestionable; and the condition of its success seemed to be, that it had procured salivation. We proceeded, therefore, more boldly in the use of it, still

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giving it in the same form, and in combination with Dover's powder. We increased the dose to those who already took it; and, as they became salivated in succession, they were all freed from the symptoms of their disorder. We subjected more and more of the prisoners to the same treatment, watching them carefully in the mean time, for the sake of still more confidently ascertaining the precise condition which was essential to the success of the remedy. This we uniformly found to be the production of salivation.

"Be it remembered, that these cases, upon which the salutary effect of mercury was first proved, were those which occasioned us the greatest apprehension. Several of the patients were so feeble and emaciated, so pale and faded in their aspects, that while, on the one hand, we were feeling our way with the mildest preparation of mercury for the purpose of curing their disease, we were, on the other hand, administering wine and cordials for the purpose of upholding their existence.

"The success of mercury, under these unpromising circumstances, led first to the more general, and, finally, to the universal employment of it; We resorted to it in every case of flux, where the remedies hitherto used had not satisfied our expectation. In short, we resorted to it in every case without exception.

"But, as it became more and more obvious that salivation was the condition of its success, there was no reason for restricting its use to one preparation only. Yet, at the same time, it was not enough that salivation should be procured in any way, gradually or at once, quickly or slowly.

"Experience taught us, that its curative effect depended, in some degree, upon the manner in which salivation was brought about. Hence, a choice and a discretion were to be exercised upon the kind of preparation, the quantity and frequency of the dose, and its combination with other remedies.

"Where the flux was attended with severe tormina, or colic, or cramps at the stomach; or where the attack was sudden, and recent, and accompanied with fever, it was doing nothing to prescribe small doses of hydrarg. c. cretâ and Dover's powder, which would produce their effect some days hence. It was expedient that the impression of the remedy should be in proportion to the force of the disease, and the rate of its progress. Accordingly, large doses of calomel and opium were given, to make the mouth sore immediately, or as soon as it could be done with safety.

"In several cases, in which the agony from tormina and tenesmus was extreme, and the evacuations were enormously frequent, and consisted altogether of morbid secretions, or blood, fifteen grains of calomel and two grains of opium were given at a dose.

"The patients, to whom so large a dose of calomel was given, were most attentively watched. Especial care was taken that nothing should divert it from its influence upon the constitution, and that every accidental inconvenience that might accompany its operation should be rendered as tolerable as possible. If the griping increased, they had pep-

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permit water to have recourse to; if it still increased, they were to be largely and frequently fomented with flannels wrung out of warm water; and if it still increased, they were to be supplied with small doses of laudanum at short intervals.

"It will hardly be expected, that this single dose of calomel and opium could be effectual to the complete cure of the disease. The degree of relief which the patient experienced the next day, and the changes which his condition had undergone in the mean time, determined the manner of proceeding in the further treatment of the case.

"The dose of fifteen grains of calomel and two grains of opium, administered under such emergencies as have been described, had almost always the effect of calming the symptoms; but the degree of relief it procured was various.

"On the next day, we sometimes found that the patient had past an easier night, that the evacuations had been somewhat less frequent, and the tormina and tenesmus had been somewhat moderated, but that, since the morning, the symptoms had become worse again, the pains were as severe as ever, and the evacuations as frequent, and quite unaltered in their appearance. Under these circumstances, fifteen grains of calomel and two of opium were given a second time.

"Sometimes, the day after the first large dose of calomel and opium, we found the relief, which had been procured through the night, still maintained, and the appearance of the evacuations changed, in some obvious respect, for the better. Perhaps they were now free from all admixture of blood, which they contained the day before. Under these circumstances, half the former dose of calomel and opium was given.

"Sometimes, the day after the first large dose of calomel and opium, we found the patient exulting that he had been cured as by a charm; that he had slept all night, and his pains were gone; and that he had had several evacuations, of which the two or three last were almost natural. With this sudden improvement, salivation had either already arisen, or it was at hand. Under these circumstances, the use of mercury was either suspended altogether, or small doses of calomel and opium were given until ptyalism appeared, which was generally obvious at our next visit.

"Our ultimate object, in all cases, was to produce salivation. But, in these cases of severer suffering, we found a salutary impression capable of being immediately produced by a few large doses, or even by one large dose of calomel and opium. This it was expedient to make the most of. Nevertheless, this immediate salutary impression was soon lost, unless the same practice was followed up to salivation; for which purpose mercury was afterwards sparingly or largely exhibited, according to the circumstances, which have been set forth." 73.

We think the foregoing document is a tolerable set off against the clamour which has lately been raised against the use of mercury in the bowel complaints of hot climates. This

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clamour we well know to be founded almost entirely in prejudice—or, what we are sorry to say is worse than prejudice—in the personal opposition of writers. But, "omnia vincit veritas, et prevalebit."

In many, the constitutions were most reluctant in admitting the specific action of mercury—and the disease continued its ravages till, by the aid of mercurial frictions, ptyalism was produced, and then the usual relief followed.

In many, the process of cure was so gradual, that there was hardly any perceptible *action* engaged in it. "The constitution seemed rather to lose the disease, one symptom after another, than to surmount it by an effort of its own." In others, the process of cure was by a sudden, vigorous, and painful effort, when the constitution threw off its disease by a sort of critical paroxysm. "Sometimes the critical effort commenced as soon as the mercurial fœtor was perceptible in the mouth. Sometimes salivation would exist 24 hours before the crisis began—and sometimes the crisis preceded the salivation 24 hours. But it never took place except where there was salivation at the time, or immediately before or immediately after." 74.

"The critical effort was of this kind. After a calm, procured by one or two large doses of calomel and opium, or after the employment of inunction for two or three days, the constitution would become suddenly roused, and a very severe griping would arise, and then a sensation would follow, as if the bowels were filling and distending themselves with something, and, afterwards, an incontrollable urgency to stool. With the evacuation came the relief of all the preceding misery. The stools were entirely changed. A few hours before they consisted, perhaps, of slime or blood, or some colourless turbid fluid. Now they were a colluvies of the foulest, blackest matter, and of every kind: heavy, ropy mucus and bile formed a considerable part of them. After one or two such evacuations the patient felt himself entirely restored and well. It generally happened, however, that the same sort of paroxysm returned, and was terminated by the same kind of relief. Thus, after a whole night spent in a succession of these critical paroxysms, the patients were found, the next day, bathed in a warm perspiration; and fast asleep; and, from this time, the evacuations from the bowels became natural and healthy." 75.

Many a time have we witnessed these workings of the constitution in the same disease, and aided by the same remedy. More than once or twice have we felt them personally.

It has often been urged that, however successful this practice may be in the hotter regions of the earth, it is totally inapplicable to this climate—as if men entirely changed their nature

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by doubling the Cape of Good Hope! The Penitentiary endemic has proved the fallacy of this position—and in so doing, it will save the lives of thousands in these Islands, as well as in those vast regions—

> "Where Andes, giant of the Western Star,
> "Looks from his throne of clouds o'er half the world."

3. *Disorders of the Brain and Nervous System.*—The prominent phenomenon of the Penitentiary endemic—the bowel-complaint—was yet only one of its features. It has been described first, in order, by Dr. L. because it was among the first in order of time, as respects his attendance. It was only gradually that the physicians discovered the entire character of the endemic, and found that it was neither a dysentery nor a diarrhœa, *simply*—nor belonging exclusively to the bowels—but pervading other organs and systems, and, in fact, belonging to the whole constitution. No part of the disease, he observes, was more striking and characteristic—none more formidable than that which declared itself through the medium of the brain and nervous system.

In the report of the 5th April, the physicians alluded, among the symptoms of constitutional derangement in the prisoners, to "*various degrees of nervous affection, as tremors, cramps, spasms, and various degrees of mental despondency.*" These were attributed, at that time, to constitutional debility, and not considered as essentially connected with the predominant disease. In process of time, however, the disorders of the brain and nervous system became more and more frequent, and of various kinds, as head-ache, vertigo, cramps, twitchings of the limbs, delirium, convulsions, and apoplexy. They had not been in attendance on the Penitentiary more than a week, when a man, 31 years of age, suffering from cramp and diarrhœa, died suddenly apoplectic. On dissection, they found the vessels of the brain slightly turgid, and a few spots of ecchymosis on the intestines, although there had been no scorbutic spots on the skin. About ten days afterwards, a woman, 26 years of age, who had been suffering from head-ache, became suddenly maniacal—and she, also, died. Upon dissection, no morbid appearance could be detected beyond a very slight congestion of the blood-vessels of the brain—a congestion so slight, that its very existence might be questioned. Soon after this, they one day observed a young woman suffering most agonising spasms, her legs and arms being as tense as in tetanus.

"Suddenly she gave a loud shriek, and her eyes were fixed, and she

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became as pale as death. No pulse could be felt, and her breathing was only just perceptible. By æther and ammonia, and all the means of stimulating within our reach, we succeeded in rescuing her. In two or three minutes perhaps (but it is not easy to reckon time on such occasions), we could feel the pulse beginning to undulate, and see the countenance beginning to redden, so that it was evident that the blood was in motion again. Then her eyes began to pass from object to object, and it was plain her consciousness had returned. She could not yet speak; but, by inarticulate sounds, and by the motion of her hands around the heart and stomach, she made us understand, that it was there the sudden agony had seized upon her. This young woman survived six weeks; and, in the mean time, all her dreadful symptoms frequently recurred, and her existence was upheld, from hour to hour, by the most potent stimulants. If she was left more than a certain period, without a small quantity of brandy, her pulse became imperceptible; but it was felt again, as soon as the stimulus was again applied. And, in this manner, even for as long a time as six weeks, existence was still maintained, while it was continually tottering upon the verge of dissolution. Before her death, diarrhœa was added to her other complaints. Upon dissection, nothing was found at the origin of the nerves, to account for the dreadful symptoms referable to them. At intervals, throughout the intestines, there were small circumscribed patches of red, occasioned by blood accumulated in the small blood vessels; but there was no ecchymosis." 83.

These cases occurred in the month of March, and began to excite suspicions in the minds of the physicians, that they had a complicated disease to combat. Early in the month of April, the scurvy and bowel complaints nearly disappeared. The bowel complaint, as was before observed, returned again before the end of April, in an aggravated form, and with it appeared nervous affections of every kind—but of that kind especially, which betrayed itself in cramps of the muscles. These complaints occurred both in those who had, and in those who had not the bowel-affections—in men and in women—but in the *latter* with much greater severity than in the former. Many women were affected in the way the unhappy female was, whose case is detailed above—and the physicians were apprehensive that they would all come to the same wretched end. They had cramps in the limbs and in the trunk. A few of them had that indescribable agony at the heart and pit of the stomach, bringing with it those frightful circumstances which seemed to threaten instant dissolution. They were often in the greatest danger, but only one of them died. This was a young woman, aged 23 years, convalescent from scurvy and diarrhœa, in whom arose a succession of complaints in every part of the body, and with them that frightful agony at the pit of the stomach—an

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evident spasm, attended with severe pain. She lingered like the patient already mentioned—and her life was upheld by brandy and laudanum for some time. A few days previous to death there appeared a remarkable lividity upon the extreme parts of the body. Dissection shewed only some small vascular patches on the mucous membrane of the intestines. In these and in many other cases, there was every reason to believe that spasm actually affected the heart itself. In one instance, without any previous spasms of the extremities, or pains in the chest, and without any warning symptoms, the functions of the heart were suddenly suspended, and the patient died. He was a young man, aged 29, who had been a good while affected with scurvy and diarrhœa, but not in a state that at all portended the approach of death. On the 24th June, while the physicians were speaking to him, and while he declared himself better, his pulse became exceedingly slow, and in a few minutes ceased altogether. He was apparently dead:—but by various measures of resuscitation he was revived for that day. The next day terminated his sufferings, having been dreadfully convulsed in the interval. On dissection, little vascular patches were found on the mucous membrane of the intestines, and some increase of vascularity in the brain, with slight serous effusion there. The heart was free from disease.

There were several cases of phrenitis. To sudden and acute pain in the head were added vertigo, confusion of intellect, twitching of the tendons, strabismus, dilated pupils—and lastly, distortion of the mouth and hemiplegia. The pathologic condition was obvious; but not so the *methodus medendi*. For in almost every case of this kind, the pulse was extremely feeble. Here then was the disease, without that force of the circulation which is deemed essential to maintain it, and which is considered a necessary indication for the treatment! This caused great perplexity. Bleeding was cautiously ventured on, but no good. Blistering sometimes gave temporary relief—but some lives were lost before the effectual remedy was found out.

"Thus far the flux of the bowels, and the disorders of the brain and nervous system have been spoken of separately, as if they were essentially distinct, and their occasional occurrence in the same individuals was merely accidental. In process of time, however, a belief arose of some natural alliance subsisting between them. As soon as the disorder of the brain and nervous system became co-extensive with that of the bowels, it had an equal claim to be regarded as *the disorder* of the Penitentiary; and, as soon as both were not only co-extensive throughout the prison, but co existent in the same individuals, almost constantly and inseparably, insomuch, that hardly an instance occurred of one being present without the other; and, moreover, as soon as the

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sole remedy of the one was found to be the sole remedy of the other, there seemed to be enough to constitute the requisite proof, that they were, in a certain sense (and that the most important sense,) one and the same disorder.

"Disorders may be different in the manner of declaring themselves, and may go by different names, according to the organs which they involve; and yet they may have in common one morbid condition of the system at large, from which they are derived, rendering them the same in their origin, and requiring them to be treated by the same remedy.

"Thus does Nature often bring together what nosologies and artificial arrangements have put farthest asunder; and thus does it become possible, that convulsions and dysentery, although in their symptoms they are absolutely unlike, may be essentially the same, and curable by one and the same remedy.

"It remains to speak of the various disorders of the brain and nervous system, and of the various kinds of flux, as they were found in combination. For the manner of their alliance in the same individuals, and certain conditions which they possessed in common, seemed especially to lead to the belief that they were, in the sense which has been intimated, the same disease.

"One condition, common to both, was the frequent suddenness of their accession; and there was an alarm connected with it which rendered it the more observable. Those who, to-day, were quite free from pain and disorder of the bowels, and appeared with the aspect, and with the perfect consciousness of health, to-morrow we found purging blood, or pure bile, or a turbid, watery fluid, and completely beat down and mastered by their disease; and, in like manner, those who, to-day, had the same appearance and consciousness of health, and were alert and cheerful, and working at their trades, to-morrow we found so giddy, that they could hardly stand, or confined to bed with racking pains in the head, with twitching of the tendons, or cramps of the muscles, or even with delirium.

"Here was an instant transition from the midst of health to the midst of disease in both.

"But where the accession of the disease, either as it belonged to the brain and nervous system, or to the bowels, was not thus instantaneous, still there was often a condition common to both in the character of their premonitory symptoms.

"There was a pale, and faded, and melancholy aspect, which, in process of time, had become so familiar to us, as the harbinger or attendant of the disease in all its forms, that we were accustomed to select from among the prisoners those in whom it was most conspicuous, and send them into the infirmaries, for the sake of having them more constantly under our observation. Wherever this well-known aspect appeared, it was certain that the symptoms of real disease would soon arise; it might be from the bowels, or it might be from the brain and nervous system; and, in fact, it was as often from one as the other.

"As to the alliance of these diseases in the same individuals, no form

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of nervous complaint was more common than head-ach and vertigo, and they were often combined with the bowel complaint in the following manner:

"The attack was introduced by simple head-ach or vertigo, the bowels yet remaining in a perfectly natural state. Some of the patients thus affected, when the head-ach and vertigo were not urgent, were simply brought into the infirmary and watched; all medical treatment being postponed for the present. Others, in whom they were more severe, were bled with leeches, or blistered, or had such *common* remedies administered to them as they seemed to require. But every patient, almost to a man, some the next day, some (the greater number) in two or three days, and some at a more distant period, were overtaken by some species of flux. The flux followed, whether the head was relieved or not, and when the flux was established, the head-ach or vertigo continued or ceased indifferently." 98.

The appearances on dissection have been anticipated. What they found, when they found any thing, was some degree of vascular fulness of the brain and its membranes, and some watery effusion between the membranes, and into the ventricles. Both were generally inconsiderable. There were cases where death took place by an immediate interruption of the cerebral functions, and yet the brain and its membranes were found perfectly natural on dissection. It has already been seen that common remedies had little or no influence on this formidable disease of the brain and nervous system. The physicians were therefore obliged to look to others of a more powerful nature, though untried in this class of complaints.

"And thus it happened with the few cases of this kind at the Penitentiary; they passed, uninterruptedly, to their fatal termination, their symptoms hardly receiving the smallest check or abatement from the remedies employed.

"Now, before we resorted to the use of mercury for the various forms of the disease prevalent at the Penitentiary, the state of the prison, in regard to that form of it which involved the brain and nervous system, was this:—Seven had already perished under our own observation; of whom one died apopletic, one maniacal, two with the symptoms of phrenitis, two from cramps referable to the region of the stomach and the heart, and one from symptoms belonging in part to the heart and in part to the brain; and there were not less than two hundred now labouring under various degrees of disorder belonging to the same organs. Of them a few only were dangerously ill in respect of the magnitude of their symptoms. These few were suffering that insidious form of phrenitis already described, while we were checking the symptoms and postponing the progress of their disease, with little hope of eventually saving their lives; and, unquestionably, they were in great present peril. But all the rest, though not in imminent danger from the magnitude of their symptoms, gave just cause for anxiety, from the consideration that they had not been cured by any means hitherto employed, and more-

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over that they were under the same conditions of disease through which the seven had passed, before they reached their fatal consummation.

"Such was the state of the prison in respect to the disorders in question; and it may well be conceived that, under great apprehension for the event of all these cases, and under great present alarm for a few, we sought most anxiously for the means of their more successful treatment.

"At this time many patients, in whom mercury was first successfully employed for the cure of diarrhœa, were likewise freed from certain obscure nervous complaints; some from head-achs, and some from vertiginous sensations. This occurrence, while it served to strengthen the belief that the flux of the bowels, and the nervous affections, had a natural alliance, and were, in some sort, the same disease, determined us to give the same remedy a fair trial in its application to both.

"And first, we most eagerly resorted to its use in those cases which occasioned us the greatest present alarm, *viz.* in three cases of insidious phrenitis. The patients already suffered subsultus of the tendons, and delirium, and one had strabismus. If life was to be rescued, it could only be by giving the remedy in such a manner as to bring the constitution as speedily as possible under its influence. Accordingly, as much calomel was prescribed, in repeated doses, and in combination with opium, as procured salivation in thirty hours; whereupon the most formidable symptoms were at once dissipated, and the patients were left in a condition favourable to recovery; and they eventually did recover.

"Next we resorted to its use in certain cases which occasioned us peculiar perplexity, and some apprehension of distant consequences, but no present alarm. There were many individuals in whom an affection of the head had been originally combined with bowel complaint. The bowel complaint had been very slight, and of short duration, and had ceased altogether during many weeks. But the affection of the head had been very severe; and, although it had obtained a few respites from common remedies, it still remained unmitigated; and at length all our medical expedients had lost the little temporary influence which they once possessed. There was every motive for trying the effect of mercury in these cases, and it was tried, and succeeded.

"One of these cases was peculiarly striking, and is well worth relating as an example. Upon our first visit to the Penitentiary, on the 1st of March, we found, among the patients in the infirmaries, a young man of the name of Robson. He was twenty-one years of age; and told us that he had suffered a head-ach of the most excruciating kind during several months. His sight was dim, and he had a constant twinkling of the eyelids, and great agony was depicted in his countenance. He had moreover that faded, pale, and melancholy aspect already alluded to. Yet the functions of his bowels were performed naturally. His tongue was clean, and his pulse was of the natural frequency and strength. At this time the alliance between the disorders of the nervous system and the bowels was hardly ascertained; therefore no inquiry was made whether he had suffered diarrhœa. Subsequently, however, we learnt that, during the preceding winter, his bowels had been twice

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slightly disordered for a few days. This poor fellow was under our constant observation and treatment, from the beginning of March to the end of June. He gained no respite from his agony, but by means of leeches applied to the forehead, day after day, for a week together, or by blisters kept open, or applied in quick succession behind the ears, or on the nape of the neck; and the respite thus obtained was of short duration: it might be for ten days; it was never longer than a fortnight; and then the same agony returned, and the same cruel treatment was to be resumed. In this case we eagerly resorted to the use of mercury; salivation was procured and maintained, to a certain degree, during several weeks. Whereupon the patient was released from his misery, and ever afterwards, during eleven months that I had the opportunity of watching him, he continued free from complaint of every kind.

"'The beneficial influence of mercury upon that part of the disorder of the Penitentiary, which belonged to the brain and nervous system, soon became as unquestionable as upon that which belonged to the bowels. It was proved upon the various forms, both of one and the other, and most conspicuously upon that form of each which occasioned us the greatest present alarm.

"Before the use of mercury, it was impossible to contemplate the state of the prison, and not consider an extensive mortality as inevitable. Experience of its effects during a fortnight entirely changed our anticipations of the result, and encouraged a hope that, with great care and vigilance in its administration, the mortality would still be kept within narrow bounds. Thus, for every species of nervous complaint, as for every species of flux, whether they were combined or separate (for either might occur alone, although they were generally found together), we were led by our own experience to the employment of mercury.

"Seeing that the head-ach and vertigo were often the first symptoms, and that they often subsisted a considerable time alone before the accession of others, we thought it expedient to begin the treatment of the disease, as soon as it shewed itself under this form, by our most efficient remedy. Our experience hitherto had been, that these affections of the head, when they were the first to declare themselves, were very seldom controlled, or in any way relieved by common remedies, and that, whether they were relieved or no, the flux almost inevitably followed. Treated with mercury, however, in the great majority of instances, they ceased; and, where they did cease under such treatment, in the great majority of cases, no flux followed.

"Thus did this remedy effect the relief of both disorders, when they appeared in combination, and of each, when either occurred alone; and, in the latter case, under such circumstances occasionally, that it seemed to prevent the accession of the other." 112.

We could not abridge the foregoing most interesting and important document, without greatly lessening its effect upon the professional mind. We therefore gave it entire.

In the administration of mercury for the relief of the com-

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plaint in question, the physicians observed that, in the great majority of cases, no striking abatement of symptoms took place until salivation was procured. The abatement of symptoms, however, did not appear to be dependant on any "*certain degree* of salivation." They were, therefore, content with any, the least grade of that effect of mercury under which the symptoms would disappear. As in the bowel complaints, so in the affections of the brain and nervous system, the condition most essential to the success of the remedy was this—"that the force and rate of its impression, should be in proportion to the force and rate of the disease." Their chief object was, therefore, to preserve that proportion.

"Thus, where the disease was less severe, and was slow in its progress, salivation (without reference to its degree) was to be procured gradually; where the disease was more severe and rapid in its progress, salivation (without reference to its degree) was to be procured at once. Head-ach and vertigo which had come on tardily, and had abided many weeks, without any perceptible excitement of the circulation, were to be made to yield under the slow and alterative influence of mercury, which the constitution could bear without injury. Head-ach and vertigo which had been sudden in their accession, were accompanied with excitement of the circulation, and already seemed to threaten something beyond themselves, as convulsion, or delirium, or phrensy, were to be at once mastered by such a sudden and powerful impression of the remedy as the constitution would severely feel. Hence the quantity of the remedy was continually varied, according to the exigencies of particular cases. For some we prescribed one grain or two grains of calomel, with a small quantity of opium, once or twice in twenty-four hours, and thus succeeded in procuring relief after the lapse of a week or ten days; doing no harm, in the mean time, to the general health and sensations of the patient. For others, we prescribed five, or ten, or even twenty, grains of calomel, with proportionate quantities of opium, once, or even twice in twenty-four hours; and thus succeeded in dissipating the symptoms at once, and in rescuing life at the expense of some present injury to the constitution." 115.

4. *The Fever.* Both in the fluxes and diseases of the brain and nervous system, the fever was so very moderate, or rather equivocal, as to raise a doubt whether it was derived from the local complaint, or the local complaint from it. For Dr. Latham's own part, however, he believed that a fever arose at this time in the prison, which was *sui generis* and idiopathic, although its character might be obscured by an association with the forms of disease already described.

"When this fever occurred alone (as it sometimes did, even at the time when the bowel complaint, and the disorders of the brain and ner-

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vous system were most prevalent), its type was manifestly peculiar. It was a fever of very moderate excitement, and generally went off in three or four days by perspiration. Or, if it failed of such relief, either spontaneously or by the help of medicine, it was apt to be protracted in the form of hectic during several weeks. When this fever occurred (as it generally did) in combination with some form of bowel complaint, or some affection of the brain or nervous system, its own peculiar type was still visible, notwithstanding certain differences which it exhibited correspondent with the disorder of a particular organ." 117.

While the flux and disorders of the brain and nervous system prevailed to their largest extent, the cases of fever were rare. It was when these complaints began to subside, that the fever shewed itself sufficiently to enable the physicians to become accurately acquainted with its type. Although it never prevailed to the extent which the other complaints attained—yet it was such as to lay just claim to be considered as a part of *the disease* of the Penitentiary—springing from the same cause or causes which occasioned the others. Here our able author gives an excellent graphic delineation of the fever, both alone, and in its combinations, which we strongly recommend, as, indeed, every part of the work, to the attentive perusal of the reader; since, from the great space which we have dedicated to extract already, we can devote but little to this part of the subject. We shall quote a single case as illustrative of the fever in its greatest pitch of severity.

"A young woman (Mary Chapman), aged twenty-six, was attacked, like the rest, with the common symptoms of fever, except that she had a shivering fit, which was remarkably severe. After which, there arose a sudden and excruciating pain in every part of the abdomen, a vomiting of bilious matter, and a profuse purging of matter like tar. The patient sank at once into a state, from which it was evident that she could never rally. Her countenance was pale and full of terror; and, if she was moved, she was ready to faint away. After the lapse of twelve hours her pulse was imperceptible, and she was thought to be dying. Nevertheless, she survived four days; and, in the mean time, nothing could be attempted but to uphold life by such small quantities of wine or brandy as she could take. On the third day her constitution in a manner re-acted, and her countenance was a little flushed. Soon afterwards her respiration became stertorous, and her mouth was a little distorted, and then she died.

"After the first gush of matter from the bowels, no further evacuations took place spontaneously, or could be procured by medicine. There was no tension of the abdomen, but, on the contrary, it was flat and soft to the last. Upon opening the cavity of the abdomen we found, here and there, throughout the whole course of the intestines, from the stomach to the rectum, large and extensive vascular patches, all of a very

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dark colour, and some absolutely black. The great end of the stomach, and the whole of the duodenum, were intensely black. The small intestines were, in several places, puckered up and contracted, for the space of an inch; and wherever these contractions were found, the bowel was of a deep black colour. Within the cavity of the abdomen, a small quantity of fluid blood (about two ounces) was found. It seemed to have exuded from the surface of the duodenum, just where its last turn commences, and especially from that part of it which is uncovered by peritoneum. It was just in this situation that the blood was found, and this part of the intestine was soaked in it. There was no effusion of lymph, or of any other fluid within the peritoneum, but the blood above-mentioned.

"The stomach, being opened, was found empty; and at its great end, the mucous membrane seemed in one uniform state of ecchymosis. But this was not really the case; for when the stomach was held up to the light for inspection, it was evident that no extravasation had taken place, and that the apparent ecchymosis was occasioned by every vessel, great and small, in this part of the organ, being filled and gorged with blood. There was also this same appearance of ecchymosis in the mucous membrane of the duodenum, occasioned by a condition of the blood vessels essentially the same. Upon the valve of the pylorus, however, there were three small spots, where blood was actually extravasated. At the various spaces of the small intestines, which were black from without and contracted, there was the same apparent ecchymosis of the mucous membrane, which was, in fact, a remora and accumulation of blood within the blood vessels. The whole tract of the intestines was filled with a matter resembling tar.

"In the whole course of the bowels there was only one small ulcer. This was in a part of the small intestines, most free from vascularity, and seemed to be undergoing a process of reparation.

"The vessels of the brain and its membranes were loaded with blood. But there was no effusion of fluid any where within the cranium." 124.

Other cases are related illustrative of determinations to the head or other important organs, and for which we must refer to the work itself.

In these severer forms of the Penitentiary fever, as soon as there was a spontaneous gush of morbid secretion, upwards and downwards, then the cramp at the pit of the stomach or the distressing head-ache ceased—the pulse rose—and a universal warm perspiration broke out. These phenomena naturally led the physicians to imitate the efforts of the constitution, and direct their remedies towards the same channels which it employed for its own relief. Purgatives simply did not do in these cases. By them, indeed, the evacuations were increased in quantity, but not improved in quality. If the means calculated to soothe pain and quiet the bowels were first successfully

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employed, then the administration of purgatives had the desired effect. Thus, leeches were first applied to the pit of the stomach, succeeded by warm fomentations to the whole of the abdomen—then two or three grains of calomel were given every hour or second hour, *ad vicem secundam vel tertiam*—lastly, a drachm of the sulphate of magnesia was given every hour until the bowels were moved, when these means seldom failed to bring away copious evacuations of a foul and dark-coloured colluvies, dissipating the severe epigastric pain and distracting head-ache, and, with them, all the danger of the disease. In this place, Dr. Latham has added a note, indulging (which he rarely does) in some theory respecting the probable pathology of the cases under consideration. We think there is much sound sense and good reasoning in this said note, and, therefore, shall quote it here.

"These cases were so peculiar in themselves, and the mode of relief, whether spontaneous or by the help of medicine, was so striking, that I may be permitted (in a note, at least) to make a few observations upon their probable pathology.

"Formerly much stress was laid upon 'turgid matter' and 'morbid colluvies' in the first passages, as a cause of fevers; and certain distinctions of symptoms were thought to indicate that this colluvies was 'pituitous' in one case, and 'bilious' in another. At present, medical men are content to speak in more general terms of an accumulation of 'morbid secretions,' still regarding them as the cause of disease, and directing remedies for their removal. Emetics are given, and foul matter is rejected by vomiting. Purgatives are given, and the same is passed by stool. In consequence of which, the previous symptoms cease, or are greatly mitigated; and thus the theory is confirmed.

"Nevertheless it may still be doubted whether the popular notion be correct respecting the actual condition of the stomach, at the time the symptoms referred to it are most intense; and still more, whether the matter rejected be really the 'materies morbi,' the accumulation of which produced the symptoms, which cease upon its evacuation.

"It consists better with sound pathology to believe that, at the period of the severest local pain and severest constitutional disturbance, there is hitherto no accumulation of morbid matter within the stomach, but that its blood-vessels are engaged in a morbid process, which if its termination is favourable, will be finally resolved by a gush of foul secretion from their extremities.

"That it is not any thing extraneous to the blood vessels which produces the symptoms, but the blood vessels themselves by their own morbid action, is rendered probable by the relief which leeches often procure, when they are applied to the skin immediately over the seat of the pain; also by the relief more effectually obtained by remedies which have an express influence upon the blood vessels, being employed together with purgatives, than by purgatives alone; for instance, by several

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doses of calomel, given in succession, at short intervals, and followed by senna or jalap, than by senna or jalap alone.

"Further, a spontaneous vomiting will sometimes bring away from the stomach nothing but a turbid water, and a spontaneous purging will sometimes bring from the bowels nothing but a fluid, which is thin, pale, and inodorous. Hence no relief follows. This striving of Nature is premature and ineffectual.

"Moreover, emetics and purgatives will procure sometimes mere watery evacuations, upwards and downwards, and thus fail altogether of their curative effect.

"The fact seems to be, that the vessels must first pour out the morbid colluvies into the stomach, before it can be rejected out of the body. This its separation from the blood vessels is the first and principal curative effort; its expulsion by vomiting or purging is secondary and consequential, and curative only in a less degree; but still necessary. Emetics and purgatives, so administered, as simply to procure its rejection out of the body, do good, in assisting the last process of the cure; but emetics and purgatives, so administered, as first to aid its separation from the blood vessels, and then its rejection from the body, conspire with Nature in every purpose she endeavours to effect, from the first to the last.

"It appears, therefore, most probable, both from the course of the symptoms themselves, and from the efforts of Nature for her own relief, from the remedies, and from the conditions of their successful operation, that the disorder of the stomach, described as incident to the early stage of fever, is caused and maintained by a morbid action of a peculiar kind, in which its blood vessels are engaged at the time." 133.

In a few words, the fever required evacuations at the beginning, and a judicious administration of tonics pretty early in the disease. Bark and acid were the tonics which proved most serviceable.

Thus, then, we have given our readers a brief account of the complaints prevalent at the Penitentiary—an account which we hope will induce many of them to peruse the original document whence our abstract is derived. It has been seen that the diseases were, a scurvy, a bowel-complaint, a disorder of the brain and nervous system, and a fever. All four, as Dr. L. justly observes, from their extent and frequency, had a claim to be considered "*the disorders*" of the prison. This belief was further strengthened, in respect to two of them, (the flux and the disorder of the nervous system) by the consideration that they were both amenable to one and the same remedy—and intractable by any other.

"What then (it may be asked) was the essence of the disease, considered as a whole? Of the inceptive error, or primary morbid action, from which it arose, I am entirely ignorant; whether it belonged to

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the blood vessels, or the nerves, or to what particular organ, or system of organs. I only know that its first cognizable effects were seated in the blood vessels, and that they consisted both in the admission of blood into their capillaries, beyond the natural sphere of the circulation, and in its transmission through their capillaries out of the sphere of the circulation altogether; that the consequences were ecchymosis of the skin, and ecchymosis and vascular patches of the mucous membrane of the stomach and intestines, and determinations of blood to the brain and its membranes, and (probably) to the spinal marrow; and that, out of these, arose diseases which obtained different names, according to the manner of their occurrence and the parts upon which they fell, such as the scurvy, and the various species of flux, and the various species of nervous disorder, and some forms of fever, all of which were nevertheless still the same disease, in the conditions of their production." 139.

Dr. L. is well aware that the essence of the disease must have existed prior to these effects—that is, the *causes* of these effects must have pre-existed. But the present state of our knowledge does not enable us to ascertain what that primary link in the chain of morbid action was.

The sixth chapter contains many interesting remarks on what our author terms "intercurrent diseases"—the natural alliance of which to the reigning disorders was problematical. We refer the reader to the work itself for particulars respecting this class of diseases.

Chap. VII. So far, we have been on the subjects of symptomatology, pathology, and therapeutics—we now come to the more difficult topic of etiology. When badgered by the House of Commons respecting the nature and causes of the Penitentiary endemic, the physicians must often have aspirated, in their own minds, the emphatic line of the Roman poet:—

Felix qui potuit rerum cognoscere causas!

But Nature seems exceedingly cautious how she reveals to mortal eyes the *causes* of things, though she makes no secret of their *effects*. We see the flux and reflux of the tide, and we say it is caused by *attraction*, which is merely a term that designates an *effect*. We know nothing of the cause, the nature, or the modus operandi of this said attraction. So of an epidemic or an endemic. We say it is caused by an aerial change or a terrestrial exhalation. But of the nature and causes of these atmospherical constitutions and morbific miasmata we know little or nothing.

On presenting certain tabular views of the state of sickness in the Penitentiary, on the 4th July, 1823, the physicians handed in a report, of which we shall take some notice in this place.

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They set out by remarking that, in consequence of distrusting the *viva voce* statements of the prisoners themselves, they had been unable to trace back (on first enquiries) the diarrhœa or scurvy, farther than the preceding Christmas. But greater experience of the conduct of the prisoners induced the physicians to give greater credit to their asseverations, and it was now beyond a doubt that the bowel complaint and scurvy had existed from an early period of the autumn. Even in July, a fortnight after the diet was changed, the diarrhœa began to shew itself. In their report of 5th of April, they ascribed the forms of the disease then prevalent to the influence of diet and cold—but it so happened that many prisoners, admitted since the diet had been improved and the weather had become warm, suffered attacks of dysentery, as also some of the officers of the establishment most employed about the sick. This led them to the conclusion "that some injurious influence had been in operation, over and above the causes to which the epidemic was originally imputed." This could only (in all probability) be one or more of the three following causes—a local malaria—contagion—or something in the moral or physical condition of the people confined within the walls of the Penitentiary. "Whatever it be, say they, it has hitherto eluded our detection—and whether it is, or is not in operation at present, we cannot tell." 158.

The object of this report was to intimate to the committee that the disorder, *as a flux*, had been of longer standing in the prison than they were at first led to believe—that its origin could not be exclusively owing to the diet and the inclemency of the season—that there was some other morbific agency in operation, the nature of which had not been discovered, and was perhaps undiscoverable—that although the extent of the disease was greatly diminished, yet that the prisoners were in a state of health which, to say the least, was dangerously valitudinary—that a return of the disease, in some shape or other, was still to be dreaded. Under these circumstances of doubt, fear, and responsibility, the physicians made application for further assistance, and Drs. Hue, Macmichael, Chambers, and Southey, were appointed by the College for that purpose. Dr. Chambers was prevented from attending by other professional engagements.

Chap. VIII. *History continued.* Without affixing any stigma of malaria on the Penitentiary, Drs. Latham and Roget wisely concluded that change of air and residence would be salutary to the mass of prisoners, as it is well known to be to

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individuals in private life, who have long laboured under illnesses, and are subject to relapses. Accordingly, all the prisoners were eventually removed from Millbank to situations deemed more eligible for the recovery of their health. One hundred and twenty were sent to the Ci-devant Ophthalmic Depôt, in the Regent's Park—200 to the Ethalion Hulk, at Woolwich.

"The benefit of change of air and situation was immediately apparent, both upon the women at the Regent's Park, and the men at Woolwich. In a fortnight after their removal, there was much less complaint of illness among them, and their general aspect bore the appearance of returning health." 167.

Still about 400 remained in the Penitentiary. Their health remained nearly stationary, but they were harassed occasionally with their old complaints, especially the diarrhœa, though not in so frightful a form as previously. "But if the disease, even now, went beyond a certain degree, it was in vain to attempt its abatement by any medicine but mercury—a fact to which the physicians, lately called in, bore ample testimony with Dr. Roget and myself." 168.

On comparison, during the month of September, the balance of health was found to be greatly in favour of the prisoners removed to Regent's Park and Woolwich, although only six weeks previously their constitutions were in a much worse state than those of the prisoners left in the Penitentiary. Another month rolled away, and yet "the prisoners at Millbank, although they were suffering no formidable disease, still experienced some insurmountable impediment to the recovery of their health." In this respect, their condition exhibited a melancholy contrast with that of the prisoners removed to the places beforementioned, especially Woolwich. This state of things led to the removal of all the prisoners to hulks fitted for their reception at Woolwich. Early in December, the Penitentiary was destitute of its wretched inmates. The prisoners removed to Regent's Park did not recover nor retain their health near so fast nor so firmly as those in the hulks at Woolwich.

"Immediately after their removal, both alike seemed to throw off the remaining symptoms of their disease, and to put on the appearance of returning health; yet both afterwards continued alike to suffer an occasional recurrence of their disease, chiefly in the form of diarrhœa. There was, however, this manifest difference between the two, that while those on board the hulks at Woolwich continued to recover their general health, in spite of frequent occasional attacks of diarrhœa, the females at the Regent's Park did not, in respect of their general health,

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go on to improve during more than the few first weeks after their removal. Moreover, among the prisoners on board the hulks, during a period of between four and five months, there had not occurred a single case of formidable disease; whereas, among those at the Regent's Park, during the same period, there had been several. At the end of November, several women at the Regent's Park were seized, nearly at the same time, with those insidious forms of phrenitis which, five months before, had been a great cause of alarm at the Penitentiary, and had, in some instances, proved fatal. Dr. Roget, to whose care the hospital in the Regent's Park was especially assigned, found himself compelled to resort to the same remedy by which these symptoms were formerly brought under control, and with the same success." 175.

On the 21st of January, 1824, the prisoners were removed from Regent's Park to Woolwich. The whole now amounted to 635 in number—and the medical superintendance was placed in the hands of practitioners on the spot. Mr. Bayles had the care of the men, and Mr. Pratt, apothecary to the Penitentiary, that of the females. The physicians, however, continued to visit the hulks at intervals. It was during these occasional visitations that the following curious facts were observed and noted by the physicians.

The prisoners transported to the hulks, though at different periods of the year, all experienced a striking and almost instantaneous change for the better. In ten days after removal they were, in general, free from complaint. This speedy and surprising amendment was very encouraging, but, in every instance, it was fallacious; for, after a temporary pause, the disorder returned in the form of diarrhœa. It was, however, mild in its symptoms, though evidently the same disease that had prevailed at the Penitentiary. Another remarkable circumstance was, that neither the total absence of the disorder during a considerable period, nor the complete re-establishment of the general health, furnished any security against the recurrence of the flux. This liability to the disorder rendered the state of the prisoners very fluctuating and uncertain—consequently, it was impossible to anticipate what would be their condition from one week to another. These relapses could not be traced to any external causes, but could only be rationally attributed to the state of the bowels themselves, which were ever prone to take on the same disordered function which had formerly caused so much trouble and even fatality. In no case of relapse, at Woolwich, did the patient die, and therefore there was no opportunity for post-mortem investigations. Several dissections, however, performed at other times, and with different views, seemed to throw some light,

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collaterally on the question respecting the actual state of the intestines in those so subject to recurrence of the diarrhœa. In those who died at the Penitentiary, after symptoms immediately referrible to the head, having formerly suffered disorder of the bowels, but being a long time free from it, the physicians found ulcers of the intestines, which were otherwise exempt from disease. These ulcers were few in number, not more than three or four throughout the whole tract of the bowels. They were of very small extent, and in progress towards reparation. A young man, who had originally suffered the bowel-complaint very severely at Millbank, and whose life had been rescued by the mercurial treatment, had occasional relapses at Woolwich, notwithstanding the re-establishment of his general health. He was ultimately pardoned and set at liberty. A short time afterwards, he presented himself to Dr. Latham among other patients applying for admission into the Middlesex Hospital. He was then a miserable object, worn down and emaciated by impoverishing diet, and the hardships he had suffered since his liberation. His complaint was diarrhœa, with severe pain in the head. The diarrhœa was soon arrested; but the disorder of the head assumed the form of that insidious phrenitis already described, and he died. On dissection, marks of inflammation and effusion were found in the head. "In the intestines, after careful examination, nothing was found but three minute spots, exhibiting the appearance, already described, of ulcers in the process of reparation." In another case, that of a young woman who had suffered the flux at the Penitentiary, with several slight relapses, and who died, in the course of the last summer, at the Westminster Hospital, of phthisis; healing ulcers were found in the intestines, besides the usual disease of the lungs. They were very circumscribed in their situation, and entirely free from surrounding inflammation. We cannot but agree with our most intelligent author in the following conjectures.

"It is not unreasonable to conjecture, that the same condition of the bowels, which was found in these cases, existed also in those who suffered the frequent recurrence of diarrhœa at the hulks. A few minute ulcers, somewhere in the tract of the intestines, tardily undergoing the process of reparation, and without any surrounding inflammation, constitute just that sort of morbid condition which is calculated to produce such a disorder. Being very circumscribed in extent and free from inflammation, they would be capable of existing without constant injury to the general health, and even without constant impediment to the functions of the parts to which they belonged; yet, from the natural irritability of those parts, they would still be liable to produce temporary

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disorders, under the influence of occasional causes; and such disorders would continue apt to recur, until the process of their tardy reparation was complete." 183.

The therapeutical indications were grounded on this view of the case. In the milder forms of the disease they abstained from mercury, and had recourse to opiates, absorbents, and aromatics, with success. But, in some instances, these failed, and then the physicians were forced to have recourse to the mercurial treatment already detailed.

"Such a disorder arose on board the Narcissus; and the symptoms seemed to bespeak a morbid action of an acute kind, set up afresh, or ingrafted upon the old. The women on board the Narcissus had, since their arrival at Woolwich, in November, rapidly recovered their general health, and had been strikingly exempt from their former complaints, when, in the month of March, there were found among them numerous instances of disorder, expressly referable to the stomach. It was of a severe and formidable kind, and did not strictly resemble any of those forms of disorder which have been described. There was a sense of sinking, with extreme pain over the whole epigastric region, great impatience of pressure, and enormous distention of the abdomen, violent retching, with the rejection, in several cases, of pure florid blood. The blood was generally small in quantity, but, in a few instances, it amounted to more than a pint. The pulse was feeble. Neither food nor medicine would remain upon the stomach; both were rejected, with extreme aggravation of all the symptoms.

"The disorder had already existed during several days, and various methods of treatment had been employed, when Dr. Roget and myself were sent for to Woolwich. We found ten women at least in a state of peril. The remedies used had produced no abatement of the symptoms, which were daily becoming worse in every case. Mercury had not been of the number, the apothecary conceiving that he acted in conformity with our wishes, when he scrupulously withheld it.

"Now, although the order of symptoms which we now witnessed was not precisely identical with any we had formerly seen at the Penitentiary, yet it was impossible not to regard them as partaking of the same nature; and surely, upon the failure of every other remedy, we were not justified in withholding that, which had already rescued life under various circumstances of peril belonging to kindred diseases. Accordingly, we resorted to calomel and opium. Five grains of calomel and one grain of opium were first administered to several patients; but there followed, to our disappointment, an aggravation of all the symptoms. The retching, and vomiting, and spasmodic pain were prolonged through the night. Yet it was not the remedy itself, but the largeness of the dose, that produced the disagreement; for when one grain, or two grains of calomel, and a fourth, or half of a grain of opium, were given every second, or every third hour, they were retained, and the stomach was tranquillized, and there followed a gradual

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abatement of the symptoms. Still all the symptoms, and especially the pain, were not finally removed, until the gums were perceptibly sore.

"This affection of the stomach was different from that already described as the concomitant of fever. It did not tend to a critical termination, and its relief, although it was procured by the same remedy, was brought about in a different way; not by its producing a discharge of morbid secretions, but (as far as we could judge) by its specific influence upon the constitution." 187.

In the course of ten days, this form of disease attacked nearly half the women, on board of the Narcissus, in succession, and there was a continual apprehension that it would prove fatal to some. In the mean time, almost all on board the same vessel, who were not afflicted after this manner, suffered either some form of the bowel complaint, or some affection of the brain or nervous system, such as formerly prevailed at the Penitentiary. Hardly any escaped severe illness; but none died. There was no one peculiar cause, of a physical nature, which could be assigned for these late attacks; but there were many causes connected with their condition as prisoners. Speaking of the females removed from Regent's Park to the Heroine Hulk at Woolwich, our able and intelligent author observes:—

"Deplorable, indeed, was the condition of all these wretched women, both on board the Narcissus and the Heroine, in respect of their bodily sufferings, but more deplorable still (if possible) in respect of their mental misery. It was painful to witness the manner in which they all abandoned themselves to despair, and those especially who had still before them the prospect of a long captivity. Every day brought some fresh proof how great was the influence of mental distress in augmenting bodily pain and sickness. Whatever circumstances were calculated to make a strong impression upon the spirits, threw them back at once, from a state of convalescence, into absolute disease. I will mention one such circumstance, as an example.

"Upon the recommendation of the committee, individuals were pardoned, from time to time, for good conduct. Recently, claims for such recommendation had been more easily admitted, and, consequently, pardons had become very numerous. Hence, the prisoners themselves naturally began to think that the claims of all were nearly equal, and every one pleased herself with believing that she should be the next who would be set at liberty. Whenever, therefore, an individual was pardoned, all the rest were thrown into an agony of the bitterest disappointment, and were, at the same time, overtaken by disease. It was not a mere nervous or hysterical ailment, but some actual form of real disease, such as they had before suffered, and requiring the strictest medical treatment for its relief." 192.

Although much accurate information, concerning those who

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were liberated, could not be obtained, yet it appeared, from several who were afterwards seen, that their state of health was greatly improved. Under these circumstances, the physicians and Home Secretary, Mr. Peel, humanely came to the conclusion, that a general gaol delivery was the best thing that could be done, conceiving, most justly, that "the course of their sufferings, during more than twelve months, might be thought fully equivalent to many years' imprisonment." The committee, therefore, corresponded with their friends in various parts of the kingdom, so as to secure an asylum for these unfortunate females, and then they were all returned to their native homes. By an Act of Parliament, obtained on the 12th April, 1824, the male prisoners, 400 in number, were distributed among the hulks at Sheerness, Chatham, and Woolwich, subject to the discipline and labours of other convicts, and from thence, the accounts of their health have been most satisfactory. Thus ends this "strange eventful history."

CHAP. IX. *Etiology.* It will be remembered by our readers that the physicians originally considered the Penitentiary endemic as arising *exclusively* from diet and atmospheric inclemency, but that farther observation induced them to alter their opinion. In their July report, they intimated to the committee, that there was some agency in operation over and above that originally assigned—that, in fact, there was suspicion of contagion and local malaria.

Dr. Latham now comes to the facts and circumstances that bear on these two points, with the view of enabling his professional brethren to form their own opinion concerning them —keeping the topics of contagion and malaria separate.

First.—Contagion. At the date of their report, in April, 1823, the disease had been found exclusively among the prisoners. Subsequently, however, several officers of the establishment, especially those most employed about the sick, became affected. Eighteen, in all, of this class, suffered from the disease, among whom were the chaplain and some of his family. Prisoners, too, who were admitted subsequent to the bettering of the diet and inclemency of the winter, were not exempt from the disease. After the removal of the prisoners to Woolwich and the Regent's Park, certain circumstances also occurred, which still farther strengthened the idea of contagion. Thus, three persons employed at the Ophthalmic Hospital, and who had not been at the Penitentiary, suffered disorder of the bowels, under one of the forms of cholera, which the com-

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plaint assumed at Millbank. "But it was at a time of the year when cholera morbus was every where a frequent complaint." Every one must perceive that this event proves nothing at all; and, therefore, it is not necessary to waste a moment's consideration on it. Neither do we think the circumstance of a few of the officers being affected with bowel complaint in the Penitentiary, goes any length in affixing a contagious character on the disease. The officers of the institution, residing, as they did, under the same roofs, or, at all events, within the same walls, must have been exposed to the same causes, (if these were of a local or malarious nature) as the prisoners, though their moral and physical condition would enable them to resist the operation of the morbific agent much longer and much more generally than the prisoners.

The next fact brought forward by our author is this. The female prisoners on board the Narcissus had been convalescent during several weeks, when the females of the Regent's Park (of whom several had suffered recently from renewed attacks of the disorder) were removed to Woolwich, and put on board the Heroine. Both vessels were moored close together, and some women from the Heroine were transferred to the Narcissus. "Not many days afterwards, there was a general complaint of illness on board the latter vessel, which terminated in that form of the disease which has been described as occurring in the month of March, and thence it was concluded that the disease was communicated to the prisoners of the Narcissus." This conclusion was too absurd to be entertained by our intelligent author, with whose sentiments, as contained in the following passage, we entirely agree.

"Now, if this were the fact, the disease was not only contagious, but contagious in a manner peculiar to itself. For it has never been shewn (as far as I am informed,) that the convalescents from any disease are capable of re-infection by those who are the more recent subjects of it.

"I am not disposed, therefore, to believe that the prisoners of the Narcissus, in this instance of their sudden disorder, were re-infected by those of the Heroine, because the fact itself would be contrary to general experience. And, further, I am not disposed to believe it, because transitions from a state of convalescence to a state of disorder, had been just as sudden among the men on board the Dromedary and the Ethalion, when there was no possibility that it could have been derived from contagion, unless you suppose the same people capable of receiving and communicating the same complaint, from and to each other, indefinitely." 208.

The last fact adduced is that of a waterman, who attended

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on the Narcissus, becoming affected with a severe attack of dysentery. Dr. Latham's own remark on this solitary instance is quite in point. "The single instance of the waterman, surely, cannot justify this conclusion"—of contagion. Certainly not; we may therefore consider the question of contagion, as far as this endemic is concerned, as disposed of. Not that we mean to deny that such a disease as that which harrassed the Penitentiary prisoners might be, or rather might become, contagious. We think the thing by no means impossible. All we mean to insist upon, in the present instance, is, that such fact or occurrence is not proved, nor even rendered probable by the historical documents of the Penitentiary endemic.

We next come to the important question of local morbific agency—or in other words, malaria.

The very able report drawn up by the physicians on the 11th of October, 1823, contains the sum and substance of facts and circumstances bearing on the above question, and we wish we could spare space for this interesting document; but we cannot, in consequence of having already far exceeded our bounds. In this report, mention is made of certain diaries, or day books, kept by the apothecary of the Institution, but which, for reasons unknown, were never produced till a few weeks before the date of this report, when Mr. Pratt voluntarily produced them, with this remarkable expression, that "it was fortunate he had preserved them." By these books it was proved, that bowel complaints had predominated among the prisoners for years,—indeed from the first institution of the Penitentiary.

"The following Table gives the number of prisoners in the Penitentiary every year since the year 1816, with the number of cases treated as diarrhœa in every year:—

——	*1816.	1817.	1818.	1819.	1820.	1821.	1822.
Prisoners - -	72	212	246	351	609	798	866
Cases of diarrhœa -	23	104	106	82	85	87	88

"We are aware that inferences concerning the nature of a disease deduced from the remedies employed for its cure would, in general, be hasty and inconclusive. But, as in the present case, the nature of the

* "The numbers in this year refer to a period of six months only."

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disease is unequivocally indicated by the particular remedies used, we may, with certainty, conclude that diarrhœa has existed in the Penitentiary from its first establishment, and that it has prevailed in various degrees of extent at different periods; that, proportionably to the number of prisoners, it prevailed to the greatest degree during the year immediately after its establishment, and that it has prevailed in a less and less degree each succeeding year, down to the period when the present epidemic was discovered." 214.

The above discovery was made by the quantities of chalk mixture and tincture of opium prescribed—a medicine which, it is needless to observe, could not have been prescribed for any other complaint in the whole range of nosology. Long before the production of the books by Mr. Pratt, the physicians had become morally convinced that "complaints which had flux of the bowels for their prominent symptom, had been frequent in the Penitentiary during former years." The suspicion was first, we believe, engendered in Dr. Macmichael's mind, in consequence of a letter written by Mr. Pratt, in March 1822, and produced before the Committee in 1823. It was written when a change of diet was contemplated at the Penitentiary, and contained the following remarkable expression:—"At the same time, I am fearful that a long continuance of soup, however strong, might produce affections of the bowels."*

"This warning was not forgotten when the evil became manifest. Mr. Pratt was acknowledged by all to have predicted truly, and allowed considerable credit. He was himself accustomed to refer us to this prophecy and its verification, not without some exultation; and indeed, well he might; for if, without any help or suggestion from what had already occurred, he really foresaw, not that some disease or other, but expressly the very disease would follow the change of diet, which actually did follow, it is one of the most splendid instances of medical anticipation upon record. Nevertheless, we were slow to allow him more than the credit due to a sensible man, rightly conjecturing what would take place hereafter, from what had heretofore fallen under his own observation. In short, we were quite certain, that the prophecy could have had no other foundation than in the *bonâ fide* experience of the prophet." 222.

Still the physicians had no positive proofs of their suspicions, till Mr. Pratt produced the books which he had "fortunately kept," "from which it appeared, by the testimony of Mr. Pratt's own hand-writing, that at the very time he was prophesying to the Committee, that certain diseases would take place upon

* See Report of the Penitentiary, p. 101, published by order of the House of Commons, in July, 1823.

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their projected change of diet, he had already been prescribing most largely for those very diseases ever since the foundation of the prison, for six years in succession." 222.

One thing will strike our readers with surprise, and that is, that Mr. Pratt *alone* should be acquainted with the facts abovementioned.

"His books, however, soon cleared up this perplexity. For in perusing them we found, that the apothecary alone was *fully* acquainted with the facts upon which the anticipation was grounded, and therefore that he alone could confidently entertain it. The prisoners, for whom chalk mixture, &c., was so largely employed were, for the most part, under Mr. Pratt's exclusive care. More than half the number had medicine given to them while they were following their ordinary occupations in the prison. The functions of the medical superintendent and the apothecary were so far divided, that while the daily business of the former was only with the prisoners in the infirmaries, in prescribing for their severer maladies, that of the latter was moreover with the prisoners in the Penitentiary at large, in prescribing for various ailments which did not require their removal into the infirmaries." 225.

One other circumstance, bearing on the question of malaria, deserves to be noticed. It has already been shewn that an affection of the brain and nervous system formed as much a part of the Penitentiary Endemic, as did the bowel complaints themselves, consisting chiefly of head-aches and vertiginous sensations, in many instances aggravated into tremors, convulsions, and phrenzy.

"We needed nothing but the record before us of the medicines prescribed, to ascertain the prevalence of bowel complaints in the Penitentiary since its foundation; but we were indebted to the *voluntary* suggestion of Mr. Pratt, for enabling us to trace out retrospectively head-ach and vertigo through every page of his own books. So confident was he, from a knowledge of his own methods of prescribing, that certain remedies there recorded were given by him for headach and vertigo, that he undertook to draw up, and actually did draw up, a list of the numbers afflicted with these disorders from the establishment of the Penitentiary to the present time. These numbers were almost as great as of those who suffered the bowel complaints in every year. They were arranged in a tabular form, and were to have made part of the Report presented to the committee. But, upon deliberation, it was thought better not to offer any thing to the committee which was not self-evident, or which stood in need of explanation beyond the mere statement of the fact." 227.

These circumstances, taken separately and collectively, leave no doubt in our minds, that a disorder of the same general character with the late Endemic, has prevailed in the prison since its establishment, and that its tremendous development

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at last, was owing to the impoverishing diet, the inclemency of season—and perhaps other auxiliary or exciting causes totally unknown to us at present. We think the admission of the local malaria also, must still farther weaken the probability (small as that probability was before) of the influence of contagion in originating or propagating the Endemic in question. This appears to be the impression on the mind of Dr. Latham himself.

We cannot dismiss this subject without adverting, though unwillingly, to the conduct of the apothecary. We have nothing to do with motives, and always wish to consider them in a point of view favourable to the individuals who harboured them. It is only from *actions* we judge—but we claim the privilege of drawing inferences from actions, as well as of awarding to actions their meed of censure or approbation.

We think that no unprejudiced or reflecting mind will give Mr. Pratt credit for *divination* in foretelling the prevalence of bowel complaints among the prisoners. That it was an *ex post facto* prophecy no man can doubt. Why did not Mr. Pratt then, candidly and manfully state the fact of the prevalence of bowel complaints in the prison, at an early period of the Endemic, and thus, by leading to an early removal of the prisoners, prevent an immense sum total of disease and death?—The disclosures made in the work before us render it pre-eminently imperative on Mr. Pratt to answer this question, for the sake of his own character.

The remainder of this masterly performance, is occupied with a defence which has been imposed upon our author by a most unjustifiable attack on the reports of the physicians, made by an extra-professional gentleman, Mr. Holford, one of the Committee. Although it was perhaps proper and necessary for Dr. Latham, situated as he was, to enter into a controversy with Mr. Holford, it is quite unnecessary for us to lay any part of the dispute before our readers. Mr. Holford, like many other men, being perfectly ignorant of any of the principles of medical science, conceives himself an infallible judge upon all points and questions, however intricate and difficult! Being determined to make out the Penitentiary a perfect Paradise, in respect to salubrity, as he had before attempted to render ox-head soup a fare of ambrosia and nectar for its inmates, he has, in the teeth of facts, undertaken to prove that no bowel complaints were prevalent in the Penitentiary, prior to the late extension of it into a disastrous endemic. And how does this sapient sage make out his argument? Because, when Mr. Pratt was issuing forth his

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daily and nightly rations of chalk-mixture and laudanum to the prisoners, for years before, he did not stand High Priest in the Temple of Cloacina, and measure, with ounce, drachm, and minim glasses, the votive offerings of the Fair Penitents! *Ergo*, the bowel complaints were all feigned, in the Penitentiary—and Millbank is the Montpellier of Middlesex. Q. E.D.*

With such quibbling and drivelling we have no patience; and we only wonder how Dr. Latham could have adhered to such mild language while answering the insulting taunts and illiberal insinuations thrown out in the report of Mr. Holford.

We have offered our readers sufficient samples of the work now reviewed, to form a judgment of its merits. For our own parts, we have no hesitation in asserting that it is one of the ablest and most interesting works which we have perused for some years. It will stamp its author as a man of sterling talent, sound judgment, and accurate observation, as long as medicine is cultivated as a science.

II.

Observations on Injuries of the Spine and of the Thigh Bone: in Two Lectures, delivered in the School of Great Windmill Street. The first in vindication of the Author's Opinions against the Remarks of Sir Astley Cooper, Bart. the second, on the late Mr. John Bell's Title to certain Doctrines now advanced by the same Gentleman. By CHARLES BELL, Surgeon to the Middlesex Hospital. One Vol. 4to. pp. 101, Nine Plates, price 16s. bds. London, 1824.

"THESE two Lectures," says Mr. Bell, "are in some measure controversial; a manner of treating subjects of science, which,

* Dr. Latham's happy mode of exposing the absurdity of the Extra-professional Censor's Strictures, will be seen in the following passage.

"But let it be admitted, not only that flux of the bowels was the feigned disease of the Penitentiary, during six years and a half, but also, that feigned as it was, Mr. Pratt went on prescribing chalk mixture and chalk powder for it, as if it had been real during the whole of this period: what follows? A coincidence of the most extraordinary kind, namely, that this same disease which had been the *unreal* and *fictitious* disease of the Penitentiary during so many years, became all at once so unquestionably *real*, that the lives of half the prisoners were in jeopardy from it, and many actually died; and, moreover, that the very remedy which had been prescribed during so many years, *for no purpose whatever*, was the same which, at length, was found *most necessary and indispensable*." 252.

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whether interesting or not to the profession, is never agreeable to the public, who cannot comprehend, and have no sympathy with professional feelings." We are rather at a loss to understand the bearing of this sentence. What does Mr. Bell mean by the *public?* Surely he must mean the *professional public;* for it is not likely that any other will read a book on injuries of bones. The sentence, however, contains a most important truth —namely, that the public (meaning always the professional public) are rarely interested in the controversies of individuals, especially controversies respecting personal claims or priority of discoveries. We do not blame individuals, however, for asserting their rights, or supposed rights. All we mean to say is, that the authors of these controversies must lay their accounts with exciting but little interest (comparatively with their own feelings) in the minds of their readers. Under this impression, we shall, as usual, dwell principally on points of practical knowledge in this volume, and meddle little with litigation. Sir Astley Cooper and Mr. Bell are—

"——————— Arcades ambo,
"Et cantare pares, et respondere parati."

Mr. Bell has offered some judicious reflexions in his preface. He very properly advises students not to pin their faith upon any individual master, school, or hospital, as is too often the case; but to look around them, and particularly to learn what our predecessors have said and done.

"The neglect of the literature of the profession deprives the student of all enthusiasm and love for it; he is brought up deficient in liberal views, and is taught to over-rate the importance of the person under whom he is educated, and to content himself with walking in the trammels of his particular practice.

"We hear a great deal of the improvement of surgery in modern times; but it appears to me that we lose, of what is old and good, fully as much, as we gain by our search after novelty; and those who are ignorant of the history of the art, and not aware of the observations and discoveries of the great men who have preceded them, are in continual danger, in straining after new inventions, of only restoring what has been discovered, tried, and rejected before their time." v.

Mr. Bell justly observes, that Mr. Hunter has done harm as well as good to surgery. That gentleman having been defective in his own education, "had the hardihood to assert that reading was folly." "So it has happened, that whilst the philanthropist and philosopher find an example in him, the vulgar and the ignorant think they discern their own characters in his." We hope and believe that a new era, in this respect,

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is at hand. The general spread of knowledge and the rage for reading, are now so extensive among all ranks, that *self* will induce the student to read and study, in order to keep his level in society. This is no longer, in fact, an optional matter with the rising generation—it is a matter of imperious necessity.

1. *Lecture on the Spine.—Fracture.* When called to a man with fractured spine, we are to inquire whether it happened by the patient falling on the head and shoulders, and thus breaking the arched spine—whether the spines have been crushed against some hard projecting body—or whether the patient has received a blow on the back. By these inquiries, we may be enabled to guess how far the symptoms may be owing to concussion, or to fracture with compression. In the former case, the prognosis is more favourable. If the bone be broken, there is still hope that it may be the spinous processes only which are fractured—"but when it is known that the body or arch of the vertebra is broken, then the case is almost desperate." At the same time, Mr. Bell does not advise his pupils, even in this last event, to follow a line of practice which is to extinguish all hope. "The immediate causes of death, Mr. B. observes, from such a condition of the spine are, first, inflammation of the membranes; secondly, contusion or rupture of the spinal marrow." The great danger, he remarks, in injuries of the spine, is from inflammation.

"Instead of finding a man with fractured spine, lying with his lower extremities motionless and insensible, we may chance to see him jump suddenly out of bed, or struggling under the hands of assistants, or, under the influence of delirium and priapism, talking gaily to the nurse. These are melancholy symptoms, boding the very worst; worse than paralysis—he will die before the fifth day." 8.

Mr. Bell illustrates these remarks by a passage or extract from his case-book.

"'*Sept.* 15*th*. This young man's condition is very threatening, his pulse is 136. He was delirious during the night, and threw himself out of bed. He is now in a state of extraordinary excitement, and although he has full motion of his limbs, yet the spine is undoubtedly broken or crushed, and he will, I fear, die with the symptoms of the last case, and from the same cause, suppuration within the tube of the spine.—*Evening*. He is delirious, and is like a man who is good tempered in his cups: he talks continually, and invites the nurse to bed to him with very gay discourse. His stools and urine still pass involuntarily; pulse 130, weak.—17*th Sept.* It has been necessary to tie him down in bed. He now appears dying: his breathing is very quick and laboured: his pulse hurried, his countenance is sunk, and his tongue is covered with a brown fur.'

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"In this case, both the body and ring of the eleventh dorsal vertebra, were fractured." 9.

An instance of *diastasis*, or separation of the vertebræ by violence, with its effects—inflammation of the spinal marrow, is also introduced by our author, in the form of an extract from his note-book.

"'For nearly a week the patient lay without symptoms of injury to the spinal marrow. He could throw his arms and legs about, and retained the urine and fæces. On the eighth day he was seized with convulsions over his whole body. He was relieved by bleeding, and continued sensible, but his jaw was locked. The convulsions returning with violence, he was again bled. A few minutes after this bleeding, his lower jaw moved with great rapidity, and continued moving in an extraordinary manner for nearly five minutes, when all at once he exclaimed he could speak. From this moment he appeared maniacal. His exertions proved that he was not paralytic, it required men to hold him; and he almost sprung out of bed. He passed fæces and flatus with singular force. In the course of an hour he was perfectly composed, and from the time of his first attack of convulsions to his being again sensible, a period of twelve hours elapsed. On the third day he complained of difficulty of using his arm, and two days after he had total palsy of the lower extremities. He lived for a week, retaining much of the character of typhus fever; and the day before his death he recovered sensation in his legs. Dissection showed that the lowest cervical and upper dorsal vertebræ had been separated by violence: the intervertebral substance was destroyed, and pus was not only around the injured part of the spine, but had dropped down through the whole length of the spinal sheath.'" 10.

Mr. Bell next adverts to *subluxation* of the lumbar vertebræ —an accident which, he maintains, so nearly resembles fracture of the spine as to have deceived one of the first surgeons of the age. The accident, he says, happens to young people, and from the operation of a force which, in advanced years, would fracture the bodies of the vertebræ,

"A weight on the head and shoulders overpowering them, and bending them double, the articulating processes of the upper lumbar vertebræ are burst from their connexions; if they again fall into their places, the case is diastasis; but sometimes their edges meet, then it is *subluxation*, they are not restored to their natural position. The body is bent forward, as if the spine were distorted by disease, and the spinous processes of the vertebræ are felt to project, being at the same time deranged from the right line, and leaving an unusual space between them." 11.

The case related by Sir Astley Cooper, at page 551, is considered by Mr. Bell (if we understand him right) to be one of this kind. Sir Astley states, that three or four of the spinous

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processes had been broken off (the boy fell double under a wheel which he was carrying) and the muscles torn on one side. Mr. Bell questions the *fact* of broken spinous processes, as asserted by Sir Astley—and, therefore, all reasoning or argument is at an end. A man's *inferences* may be questioned—but when the truth of his *statements* is doubted, the Gordian knot is cut, not untied.*

Mr. Bell does not bring forward any case, from his own practice, illustrative of the subject, but he says he has seen one. He begs his pupils to recollect that, in all cases of violence done to the spine, and especially when the vertebræ are thus violently separated in subluxation or diastasis, the theca and membranes may be so injured, that chronic inflammation may be set up, and paralysis of a formidable nature ultimately established. Another cause of death is extravasation of blood.

Our author next comes to fracture of the tube of the spine, and its effects on the spinal marrow. When the injury has been such as to deprive the nerves of their connexion with the brain, the parts below the injury are necessarily paralyzed. Such privation of sense and motion, however, are not the causes of death. In the first place, the bladder becomes distended, and, if not relieved, this distention alone will destroy life by inflammation. The next fertile source of mischief is distention of the intestinal canal, connected with which is the

* Lest we should mistake the meaning of Mr. Bell's remark, or the statement of Sir Astley Cooper, we shall quote the passage in this note.

"A boy was admitted into Guy's Hospital, who had been endeavouring to support a heavy wheel, by putting his head between the spokes, and receiving its weight upon his shoulders; the wheel overbalanced him, and he fell bent double. When he was brought into Guy's Hospital, although he had been perfectly straight before, he had the appearance of one who had long suffered from distorted spine, yet the injury had not produced paralysis of the lower extremities. *Three or four of the spinous processes had been broken off, and the muscles torn on one side,* so as to give an obliquity to the situation of the fractured portions. This boy quickly recovered without any particular attention, and was discharged with the free use of his body and limbs, but he still remained deformed."—*Sir Astley Cooper's Treatise on Dislocations and Fractures,* p 551. On which Mr. Bell remarks:—

"It may be observed that the force was applied to the boy's shoulders, and that he was bent down, and could not recover the upright position. *How, then, could the processes of the vertebræ be broken,* and what is there in the fracture of these processes, which should prevent the lad rising to the erect posture, or cause a permanent distortion of the spine." 11.

That the wheel must have come against the boy's back, is evident from the *muscles being torn off.* In this respect, Sir Astley Cooper could hardly be mistaken, whatever comes of the fractured spinous processes. But surely a foreign body that could tear off the muscles, *might* fracture the projecting spines.

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remarkable flaccidity of the abdominal muscles—and the derangement of the respiration in consequence of this defect of action in the abdominal muscles.

The distention of the intestines is accounted for, says Mr. Bell, by the removal of muscular pressure and consequent extrication of gas, in an unnatural quantity from the contents of the intestinal canal—forming what the older authors (and he might have added, the continental authors of the present day,) called meteorismus. We crave permission to observe that, Mr. Bell's explanation is, to us, very far from satisfactory. We think the extrication of gas or flatus in the intestines is much more likely to depend on diminished energy in the nerves of those parts, than on the mere removal of pressure. Who does not daily witness these distressing distentions, in deranged digestion, where relief is sought and obtained—not by increasing, but diminishing the pressure of the abdominal muscles? Who is it that has suffered from dyspepsia, and has not every day been obliged to unloose his waistcoat, and thus procure relief from the distention of stomach and intestines? By these observations we do not mean to deny that relaxation of the abdominal muscles is attended with serious consequences, as is seen in women after parturition—in the operation of paracentesis, &c. That air may be *secreted* too, we have little doubt, else, why should we find it in the pericardium, in the general cavity of the abdomen, and even in the brain. We do not exactly know whether Mr. Bell means to deny or not, this morbid process, by the following phrase—"secretion of air, indeed, is a term which sounds like medical philosophy, &c." p. 15.

Mr. Bell next directs the severity of his strictures against the proposed, and, indeed, performed operation of trephining the spine in certain cases of fracture with depression. We quite agree with our ingenious and talented author, in reprobating the rage among *students* for terrible operations. But surely it is to hospital surgeons that we must look for extending the bounds of surgery, and for performing operations hitherto deemed impracticable. It is not very long since ligature of the subclavian, or even the carotid artery, was looked upon as perfectly chimerical; yet both are now almost annually performed with success. It is therefore dangerous to condemn an operation by *à priori* reasoning, or even by the *event* in one or two cases.

Passing over the offence taken at Sir Astley Cooper's language, as reported in the Lancet, and Mr. Bell's retort courteous, in the volume before us, we come to the question itself,

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divested of personal feelings, which have too often distorted the judgment, both in medical and surgical investigations.

Mr. Bell objects to the analogy which has been drawn between the operations of trephining the skull and the spine. In the skull, says he, we trephine, because we cannot raise the bone without the application of the instrument.

"But if the ring of the vertebræ be broken down, where is the necessity for applying the trephine? You have the projecting spinous process; you have the inferior and superior edge of the bone on which to place your elevator, or to lay hold of with your forceps. I cannot, for the life of me, imagine any reason why that ring of bone should be trephined, and in two places." 20.

Mr. Bell's objections to the operation in question are still farther developed and illustrated in the following passage.

"A man has received an injury on the spine; his lower extremities are motionless; you suspect that the bone is broken. Aware, in these circumstances, of the danger of bruising or pricking the spinal marrow, you only gently incline the body, and feel the part. It is painful and tumid, and beneath the swollen integuments you think you can feel the spinous process crushed. You know well that you ought not to press and move the part as you might a broken radius. What then, let me ask, are your reflections? 1. That this may be concussion only. 2. That the spinous process may be broken. 3. That extravasation may be, in part, the cause of the symptoms. 4. Anxious to inquire out the nature of the injury, if it appears that the column has been bent or twisted, you fear that it may be a fracture of the body of the vertebræ. Such are the questions you put to yourself; such the difficulties of the diagnosis. You cannot determine whether the man suffers from concussion, from extravasation, from fracture of the tube or of the body of the vertebræ; or whether the spinal marrow be compressed, or torn, or crushed wholly, or divided!" 21.

Now the question is, observes Mr. Bell, whether, in such circumstances, the violence of an operation is to be added to the already existing injury? Our author answers, of course, in the negative. But there are others who think differently. The late Mr. Cline, Jun. proposed and performed the operation. So did Mr. Tyrrell, as our readers know. Sir Astley Cooper, and some very eminent physicians on the continent, have *sanctioned* the operation, under particular circumstances. While hard words and angry feelings, however, pervade the discussions on this point of surgical practice, we can hardly expect to see sound judgment prevail. We shall therefore drop the subject.*

* See a dispassionate train of remarks, on this topic, from the pen of Mr. Bedingfield, in the London Medical Repository, for March, 1825.

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Three plates are introduced by Mr. Bell, illustrative of fractures of the spine, and executed in his usual masterly style.

2. *Lecture on the Thigh Bone.* Mr. Bell properly insists on the importance of anatomical knowledge to the surgeon, especially when fractures and dislocations are to be treated. Indeed, there is no way in which a surgeon is so commonly disgraced, and ruined in reputation, as by mistakes or ignorance in managing dislocations and fractures of the limbs, and particularly of the thigh.

"When you have left a dislocation unreduced, or have mistaken a fracture for a dislocation, and when, in consequence, your patient is irrecoverably lame, you will find that person beset you like an evil genius; he is ever hanging idle about the market-place, or conspicuous in his gait as he makes his progress along the street: you have committed perhaps only one error, but it seems to be multiplied by his ubiquity, and the same story and the same discussion are every day excited by pity for that man's condition. Nothing but the diligent study of the anatomy will save you from the commission of these faults: forty years' experience in an hospital, and extensive private practice, will not furnish you with such secure rules, as the reconsideration of the place and relation of the thigh-bone, the direction of the forces which act upon it, and the motions which it has to perform." 36.

Mr. Bell first draws the attention of the student to the difference of structure in the extremities and middle of the thigh bone—a difference which greatly modifies the effects of gun-shot wounds of that bone. Thus, a bullet will sink into and lodge in the cancelli of the *extremity*, while it will shiver the centre of the bone into innumerable splinters, and drive them into the surrounding soft parts. These things are to be borne in mind when we meet with a gun-shot wound of the thigh.

"Another instance, proving the importance of distinguishing the structure of the centre and of the extreme parts of the thigh bone, I must press upon your attention. I show you these preparations of the disease called necrosis. You see the shaft of the bone is dead, and a new bone is formed around it. But we have no example of this singular change being wrought upon the extremities of the bone, unless in very peculiar circumstances, while this, you see, is a common case. The cancellated structure of the extremity does not so easily admit of this form of the disease as the diaphysis does. It is the solidity of the diaphysis, with the distinct cavity within, which makes the thigh bone subject to necrosis at its centre. I present you with three specimens of the necrosis of the thigh bone consequent upon amputation (see plate V.) The front of the stump falling into bad suppuration, the matter wrought its way into the meditulium of the bone, and (as in our experiments when the meditulium is destroyed) necrosis followed.

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Even in such a case then, if you found a bad stump and a projecting bone, and were to suppose that the whole bone was carious, and to conclude, that to amputate safely, you must take it off at the joint, you would commit one of those errors, for which it is a poor excuse to say, that you knew no better. If you were then forced to divulge your feelings you must express them thus: 'All these various facts and accumulated instances afforded me by my teacher, and the principles drawn from the structure, I have quite neglected.' If you have to amputate, it is only to take off the diseased stump, cut across the bone, and withdraw the sequestra. But see what you may obtain by delay: the portion I now put into your hands was brought away from the face of a stump; you see it is the shaft of the bone wasted and carious, a true sequestra." 38.

For many years past Mr. Bell has been in the habit of pointing out the advantages of free incisions in cases of gunshot wounds. If these be not made, he observes, to give discharge to the matter which collects in the centre of the limb, the matter lodges in the meditullium of the bone, and produces necrosis.

Mr Bell next sets his face against amputation at the hip-joint, at least in the way in which it is commonly performed. He considers it possible (and we believe he is right) to pick out the head of the bone, if that be necessary, after amputating in the common way, as high up as convenient. He does not, however, mean to say that there cannot arise a case for amputation at the hip-joint—"but it is not fracture of the bone by musket shot, nor necrosis of the bone, beginning in the centre of the diaphysis, that forms the case for hip-joint operation."

The subject of *diastasis* is next touched upon by our author, in the following manner.

"A child carried in arms, and throwing itself back in passion, whilst the maid holds it by the thighs, swings the whole weight of the body on the neck of the femur, and sometimes the head parts at the cartilage. There is lameness, and pain, and inflammation; but the case is difficult to be understood, for there is not the crepitus attending fracture, nor the distortion which characterises dislocation. I have not met with an instance of this kind, but cases are on record. I hold in my hand, however, a specimen of diastasis of the lower head of the thigh-bone (see fig. 2, plate IV.) The lad, about thirteen years of age, had fallen through an open floor, and between the joists, so as to twist the leg, and the effect was supposed to be a fracture near the knee-joint. Suppuration took place in the joint, and by the delirious restlessness of the patient, and ulceration of the integuments, the bone was thrust through. A consultation was necessary, and on examination I found it was not a fracture, but that the spongy extremity of the diaphysis projected, whilst the epiphysis retained its connexion with the joint; the lad died. That

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such a case admits of reunion and cure, you may see by this other specimen, where the lower epiphysis is broken off, and reunited irregularly to the extremity of the shaft (fig. 3, plate IV.). This lad, when getting on the back of a gentleman's carriage, got his leg entangled in the spokes of the wheel, and the force was such as to twist off the epiphysis from the extremity of the diaphysis. His leg was amputated many years afterwards on account of an aneurism, occasioned by the projecting extremity of the shaft." 42.

Mr. Bell places before his pupils eighteen specimens of thigh-bones fractured at the central portion. Of these, sixteen are distorted from the natural form—and all in the same direction—that is to say, the superior portion is drawn forward and upward, and the inferior relatively depressed. "This should remind you," says Mr. Bell, "that there is, in one sense, no accident in this distortion—that the powers acting on the limb are, in their operation, as certain as the direction and insertion of the muscles are uniform." The distortion therefore, is a necessary result of the form of the bone and the operation of the muscles. In amputation, or in fracture of the thigh-bone near the middle, the upper portion of the bone is immediately erected or drawn forward, and the surgeon's attention must be engaged, not to depress the bone, for that produces excitement and spasm, but to counteract its influence in another manner. Our author considers that he has proved the necessity of raising the thigh during the sawing of the bone in amputation; and shewn that, if this be not done, the bone will rise the moment that it is divided, and project from the muscles. An illustrative sketch is introduced, and followed by a quotation from the author's "illustrations of the great operations of surgery."

"*Question.—What is the proper position of the limb during the sawing of the bone?*"

"The pupil, sitting low before the table, holds down the thigh in a horizontal position. But should this be continued during the sawing of the bone? I apprehend not. When the muscles are divided and retracted, and the bone sawn through, all appears well, for the bone is buried in the muscular substance; but when the limb is separated, and the stump is raised, which immediately takes place by an effort of the limb scarcely to be controlled, then the bone projects! Look to the position of the patient when he is laid in bed; does the stump lie in the position of the thigh before operation? No: it is with difficulty kept down; and if not restrained, would be directed upwards, making an angle with the body. In fact, it does stick up, and in proportion as it does so, the bone projects." 44.

Mr. Bell observes that this improvement in the mode of

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operating, is more followed in the country than in this metropolis—where, when an improvement is made, the surgeons "do not say that it is ingenious or curious, or useful;—but *that is mine.*" Mr. Bell, after making some cursory observations on the double inclined plane, and the proper way to place a fractured limb, goes on to dislocations and fractures of the upper part of the thigh bone. Here Mr. Bell is anxious to prove that many, if not all the doctrines and opinions of Sir Astley Cooper, respecting fracture and non-union of the neck of the thigh bone, were anticipated by, if not stolen from, the writings of his brother John Bell. Men naturally feel for the discoveries of their brothers, their friends, and themselves—but, as we said before, the public care little about the discoverer, provided the discovery be of importance. As chroniclers, however, of the passing events of the day, it would not be proper to pass over the disputed point in question, without some notice. Both parties are our personal friends—but to neither do we owe any obligation beyond that arising out of the amenity of professional intercourse. We shall put it out of the power of either party to accuse us of partiality.

There can be no doubt then that, in Mr. John Bell's publication of the year 1801, the principal points insisted on by Sir Astley Cooper in his late work, respecting fracture of the cervix femoris, have been anticipated, (as far as bibliography is concerned) by that ingenious and unfortunate surgeon. We shall lay Mr. John Bell's claims before our readers as set forth by his brother, in the work before us.

"We now come to the consideration of the neck of the bone: and I shall, in the first place, give you a sketch of what has been done on this subject by my brother, Mr. John Bell. Here let me observe, that his four large volumes of the Principles of Surgery are not suited for your reading until you are well initiated in your profession; and even then they require a commentator: But, on the other hand, it will be a book valuable in succeeding ages, and to all surgeons who are desirous of seeking the principles of their profession. Not only the ingenuity is to be admired which he displays upon this very subject, but also his felicity in illustrating the principles. Among other things, he explains how it happens, that the neck of the thigh bone is abruptly broken off within the capsule; or again, that the head of the bone is extensively fractured, and the portions thrust among the torn membranes and muscles: And he explains at great length, and with every possible variety of illustration, how it happens that the one is curable and the other incurable*. He proceeds thus, page 550: 'When a

"* See p. 549. "Principles of Surgery," 4to. 1801, under the title of "Why is this fracture incurable?"

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bone is broken, the soft parts are thickened around it, there is a general soft swelling of the limb, accompanied with a particular tumour surrounding the part, which tumour is hard and firm, and feels as if there were formed round the bone a gland-like mass for the purpose of generating callus. When we break the leg of an animal and examine this thickening, we find the muscles, the cellular substance, and the periosteum thickened, and firmly adhering to the ends of the broken bone: the part is very vascular, and it would appear that this turgescence, swelling, and high action of the vessels, were determined to the generation of bone, which being generated, the action subsides, and the swelling and thickness dissolve.' He continues at page 551: 'But when the rotula or knee-pan is broken, we have to do with a bone which is in very different circumstances.' And at page 553: 'The neck of the thigh bone, which is completely insulated in its natural condition, can form, when broken, none of those conditions with the surrounding parts which should help to make up a mass capable of retaining the bones in close contact, and of assisting in the generation of callus. This is a reason why all our ingenuity is exhausted in vain, why each successive generation has condemned the inventions of the preceding age. All our hopes of succeeding in the cure of fracture in the neck of the thigh bone have been successively abandoned, and we are almost persuaded to subscribe to the bold, unlimited affirmation of Platner, 'Nunquam os eâ parte glutinari posse nec membram in antiquum statum reverti.' The mechanism I have explained is, I fear, a true answer to the question of the celebrated Dessault: 'Why should not the neck heal as well as any other part of this bone?' But why is the neck of the thigh bone, when it does re-unite, surrounded with so clumsy a mass of callus? This also must be explained: for it is a fact, and an interesting one, and must have a place in the account which I am presently to give of the various conditions in which the fractured thigh bone is found after death." 53.

The work from which these excerpts are taken, was dedicated in the year 1801, to Sir Astley Cooper, who is charged by Mr. Charles Bell with very culpable silence as to the work so dedicated. But it is now time to listen to the other side of the question.

In the Preface to the Fourth Edition of his work, Sir Astley Cooper observes as follows:

"I have been accused of publishing doctrines respecting fractures of the neck of the thigh-bone, which differ from those of my medical brethren, and this I am ready and proud to acknowledge; on the other hand, I have heard that I am abused for not having acknowledged that others had previously given similar opinions. To this animadversion I have only to reply, that I began to deliver lectures in the year 1792, and that I never failed in them to give publicity to the opinions which I have here advanced. I have procured early copies of my lectures, taken by some of my students, and I could obtain a great number

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of others, which shew that my opinions of non-union were those which this book contains."

Sir Astley then introduces extracts from notes taken upwards of 30 years ago, by Mr. Fiske, of Saffron Walden—Mr. Lukin, of Feversham—Mr. Piddock, of Watford—Mr. Pulley, of Bedford—Mr. Weekes, of Hurtspur Point—Mr. Overend, of Sheffield—Mr. Alexander, of Newbury, cum multis aliis, all proving the identity of the opinions then delivered, *vivâ voce*, and now published in the work alluded to. It is quite unnecessary after this, to say that the charge of plagiarism entirely falls to the ground. The charge which Mr. Bell makes against Sir Astley Cooper, of "omitting all mention of his respectable cotemporaries," and of not supporting his reasonings "by the authority of those who have preceded him," is quite another consideration. There are two modes in which an author may come before the public. One is, with the results of his own observation and experience, and without professing to give any thing else. The other, and the more common way is, to bring forward a man's own observations, backed and surrounded by all that has been said on the same subjects, from the days of Hippocrates down to his own times. Of all the evils that ever befell medical literature, this has been the worst. It has multiplied and magnified books to such an extent, and produced such a mass of repetition, as to be the main cause of that very evil of which Mr. Bell complains—*the neglect of reading*. To get at a single new fact (which new fact often turns out to be no fact at all) we suffer the penalty of wading through all that has ever been said, thought, or done on the same topic, for two thousand years. Now we do maintain, that if men of talent and experience, in all ages, had merely given the results of their own observations uncomplicated with those of others, medical science would have been infinitely a gainer, and the individual works of our forefathers would have been a thousand times oftener perused than they now are.* We ask our professional brethren which they would prefer—the simple results of Sir Astley Cooper's or Mr. Bell's experience—or a tissue of quotations from Celsus down to Samuel Cooper?—The answer

* By this observation, we do not mean to undervalue the importance of good *compilations*. These, from time to time, are indispensible. But it by no means follows that profit results from every author who comes forward in the character of originality, turning out a mere compiler from the works of his predecessors. These writers overwhelm the public with books, and bewilder the professed compiler when he attempts to trace property to its original owner.

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may be readily anticipated. We think then, that a man of talent and great experience, such for instance, as Sir A. Cooper, or Mr. C. Bell, is to be praised rather than blamed for giving to the public the unadulterated products of his own actual observation, even if these products be unaccompanied by a single name recorded in ancient or modern medicine. Such are our sentiments—and if they be not reasonable, we shall always be ready to listen to reason, and to correct our erroneous impressions.

In respect to the *fact* of non-union of the bone when broken within the capsular ligament, Sir Astley Cooper and Mr. Bell are agreed. As to the *cause* of this non-union, there is discrepancy of opinion, as we might expect. It is well known that Sir Astley Cooper attributes the failure of union to want of apposition, and want of ossific power in the detached portion. Mr. Bell's explanation is as follows: "if the bone be broken within the capsule, it is attended with an increase of colourless effusion into the joint, and the bones remain loose and subject to motion. But if the bone be broken external to the joint, the cellular connexions are torn, and there is bloody effusion; there follows this—inflammation and consolidation of the surrounding parts; the bones are sustained by this mass of inflamed matter; and, in due time, bone is formed in it, and that bone constitutes the medium of re-union." Both explanations are imaginary, or at least matters of mere opinion—and when examined minutely, differ more in words than in things. The reader will take his choice.

"That I may not omit the rule of practice, allow me to state, that when you are by the bed-side of the patient who has fractured the neck of the thigh bone, you cannot decide with absolute cartainty whether the bone be broken in such a manner as to unite or not. You are, therefore, to lay aside these questions, which are for the time so strenuously advocated, of fracture within or without the joint, and to proceed upon the supposition, that the bones may admit of reunion. The limb is to be laid on the double inclined plane, and a belt and compress is to be put round the pelvis, so as at once to offer some resistance to the rising of the trochanter, and press the broken surfaces together. But if it appear that after six weeks there is no reunion, nor such stiffness and swelling as forebode it, we must let the patient rise and use a crutch, lest the parts fall out of use and waste." 61.

Mr. Bell next draws the attention of his pupils to the effect of inflammation of the hip-joint on the position of the thigh bone. Whenever, says he, there is any, the slightest degree of inflammation of the hip-joint, whether it proceed from an injury, or be spontaneous and constitutional inflammation, there

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is an inclination of the pelvis on the head of the thigh-bone, and the inclination of the trunk from the line of the thigh-bone, increases in proportion to the degree of inflammation. At last, the disease continuing, the affected leg and the trunk will form an angle of 45°, and the head of the femur will be thus raised upon the lip of the acetabulum, and prepared to start out of the socket altogether. This is consecutive dislocation—a subject which Mr. Bell thinks, has not been explained or even understood by any preceding author—his brother not excepted.

"You know very well, gentlemen, that a ligament, to be firm, and white, and strong, must have only its natural degree of vascularity; but if it be inflamed, with its increase of vascularity, it becomes of a gray colour, and softer, and loses its power of resistance. This condition of the ligaments of the hip-joint permits dislocation, but does not cause it. It is the inclination of the body and the leg which throws out the head of the bone from the socket; and, owing to the softening and yielding of the ligaments, there is no check or limit to the distortion, and thus dislocation is *consequent* upon injury." 64.

It is of the highest degree of importance to notice this inclination, from its first to its last degree. In examining a limb which is supposed to be fractured or dislocated, Mr. Bell observes, we are to request the patient to lie on his back, and then putting the heels together, we find whether one leg is shorter than the other—looking carefully, at the same time, to the position of the trunk. By examining the comparative elevations of the ilia, it will be found that there is no actual shortening of the limb, in many cases, as proved by the obliquity of a line drawn across the pelvis from ilium to ilium.

"There is a sort of puzzle between the shortened and the lengthened limb, while, in reality, the limb is neither shorter nor longer. In Mr. Brodie's work, on diseases of the joints, the lengthening of the limb by disease of the hip is very ingeniously accounted for. To balance the body, without the necessity of resting on the lame hip, the patient projects the foot forward, and across the other foot. This enables him to preserve the body in equipoise on the sound hip-joint. The consequence of this position is, that the pelvis on the diseased side dips lower than on the sound side. To this position of the pelvis the spine is, in time, accommodated; and, when the patient is laid on his back, the lame leg is longest, that is, it projects further, in consequence of the curve of the spine, and inequality of the pelvis." 64.

Mr. Bell assures his pupils that, when they see an inclination of the body upon the head of the thigh-bone, they have an inflammation deep in the hip-joint to encounter—and that when the patient, with an injury in the knee-joint, has a tense corded feeling in the ham-string tendons, a formidable inflam-

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mation within the joint has commenced, which must be combated by active measures, otherwise the apparatus of the joint will be destroyed. " If, on the contrary, you see a young woman with swelling and pain of the knee-joint, and do not find this position of the limb and tension of the hamstring tendons, then is the inflammation exterior to the joint, and the case is, probably, only the ' housemaid's knee.' "

Into Mr. Bell's reasonings respecting the shortening and lengthening of a limb, in fracture of the cervix, as illustrated by the near and off wheels of Sir Astley Cooper's carriage, we shall not enter, not being fortunate enough to comprehend them.

Speaking of the knee-joint, Mr. Bell observes that there is one accident, infinitely more important, in comparison, than dislocation, from its greater frequency, and which has been passed unnoticed by Sir Astley Cooper, in his work on dislocations.

" From the same cause, the obliquity of the thigh bone, there is another accident, very frequently taking place, in old women especially; and that is an injury of the internal lateral ligament, consequent upon a false step, by which the body is suddenly jolted upon the thigh bone. For, you see, the thigh bone inclining outwards, the inner condyle is apt to rise from the tibia, and, in consequence, to rupture the internal lateral ligament. I say nothing of that, because it is an obvious accident: but when the injury takes place in a lesser degree, so that the internal ligament of the knee-joint is stretched, sprained, and not lacerated, consequences arise which you can not understand unless your attention has been called to the effects which result from the obliquity of the thigh bone. This ligament, being injured, inflames, softens, and stretches: It allows the knee-joint to sink inwards: the obliquity of the thigh bone is thereby increased, and, of course, all the consequences resulting from that obliquity: every step now gives pain, and the ligament is thus continually injured, and, being kept in a state of inflammation, softens and relaxes, and a permanent lameness and feebleness of the knee-joint is established.

" When you listen to the old lady's story, you hear twenty fancies about it: but having made out, from much talk, that it is placing her foot on the step of the carriage in alighting, or in coming down stairs, that she suffers, you may say, ' Now, madam, I shall touch the part affected:' and when you press on the insertion of the internal lateral ligament, she acknowledges that you have hit the cause. I leave your ingenuity to contrive the means of supporting the joint on the inside." 70.

Mr. Bell directs the attention of the student to the projecting edges of the trochlea of the femur, whose elevated edges keep the patella in its place during the play of that bone upon the knee-joint. The same ridge of bone, he observes, will obstruct

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the reduction of the patella when dislocated. "The proper method is to press the patella towards the tibia before the attempt be made to bring it in front of the knee-joint."

From the work now closed, we have endeavoured to extract as much as possible of useful matter, out of the mass of criticism in which it is involved. By this line of conduct, we conceive we have rendered our analysis most advantageous to the public and least injurious to the author. Mr. Bell discharges an occasional shot, en passant, at the REVIEWERS. We invite him, in return, to join that corps. There is not a man in England better qualified to form a first rate modern medical critic than Mr. Charles Bell.

III.

A Fasciculus, containing nine Lithographic Anatomical Drawings; from Preparations in the Museum of the Army Medical Department at Chatham. Dedicated to his Royal Highness the Commander in Chief, &c. Folio, 1824.

THE attention of the army medical officers was particularly drawn to *post-mortem* inspections, in the year 1816, when the olive-branch had happily taken the place of the laurel, and when a period of profound peace was justly deemed peculiarly eligible for commencing a collection in morbid anatomy, and thus contributing to pathological knowledge. Through the patronage of His Royal Highness, the Duke of York, an apartment in the hospital buildings, at Chatham, was appropriated to this desirable purpose, and, since the period alluded to, the success of the undertaking has exceeded the most sanguine expectations. The museum already contains many drawings and paintings in oil, illustrative of diseased appearances, by Mr. Schetky, whose premature death the army and the profession at large have now to deplore. This most meritorious officer fell a sacrifice to the deleterious climate of Africa—to which vile place it is a great pity he was ever sent! To the deceased, (jointly with Mr. Millar) aided by the talents of Drs. Forbes, Skey, Davy, and others, the museum owes its present advanced and flourishing condition.

We are most happy to inform our brethren, especially of the naval department, that, through the exertions of the present medical commissioners of the navy, similar establishments are

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forming at Haslar and Plymouth Hospitals, where libraries are to be accumulated, and clinical lectures to be delivered to the young naval medical officers, by the physicians and surgeons of those institutions. This is as it ought to be—to have long been—but better late than never.

To return. It having been suggested that a selection from the most important subjects (in the Chatham Museum) represented by correct drawings, might be advantageously made, these plates have been executed and published with that view. They are illustrated by descriptions and by histories of the several cases, abstracted from the detailed clinical reports preserved in the library of the Military Hospital.

Having thus sketched out the objects and nature of the work, we shall now proceed to notice some of the cases which it contains.

1. The first plate is illustrative of an abscess of rather unusual site—namely, in front of the spine, extending from the 6th cervical to the 8th dorsal vertebra, containing 18 ounces of purulent matter. The aorta and œsophagus were thrown in front of this large sac—the bodies of the vertebræ were in a carious state, and the intervertebral substance in a great degree absorbed. The patient was only 23 years of age, but of a scrofulous constitution, and completely broken down by West India fever. A slight curvature was perceived in the dorsal region of the spinal column, and a tumefaction with obscure fluctuation, without external inflammation or pointing to the left of the spine. No change in this tumefaction afterwards took place.—The hectic symptoms bespoke internal suppuration, but the patient sunk under an attack of acute bronchitis. The *post mortem* appearances we have stated above. The plate is necessarily obscure, from the parts being in such a state of destruction.

2. The second plate contains two figures, coloured, and very beautifully representing inflammation of the theca of the spinal cord.

Case 1. J. O. a dragoon, received a contusion on the loins by a fall from his horse, producing paralysis of the lower extremities, bladder and rectum, in which state he was received into hospital, in February 1822. The effects of the constant dribbling of the urine were obviated as much and as long as possible, by various expedients; but the gangrenous excoriations invaded every fresh part exposed to pressure in the changes of position which took off the pressure from other parts. He sunk under these irritations in the spring of the succeeding year.

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"On dissecting the inferior extremities, the cellular substance was found to be destroyed by gangrene in the form of slough, macerated in fetid pus, to a much greater extent than was indicated before death by the apparent extent of the ulcerated abrasions. The muscles of the thigh and ham were extensively stripped of their investing adipose membrane. In the left knee-joint the articulary heads of the bones were found denuded of their cartilages by ulceration. The cancellated bony texture was extremely soft, and the bony shell thin, soft, and yielding, so as almost to sink under the pressure of the saw. The fasciæ and ligamentous apparatus of the joint were involved in the same common destruction as the harder parts.

"The muscles of the paralytic limbs were every where pale, and in many places converted into a substance presenting the qualities of fat or suet. The fat was also very plentiful in those parts of the limbs which had not been attacked by the fetid suppurations, while in the upper part of the body its quantity was not unnatural. The nerves of the lower limbs were not diminished in size.

"On laying open the spinal canal, it was observed, generally, that the medulla spinalis was unusually soft; and at the situation of the first dorsal, and sixth and seventh cervical vertebræ, the theca was discovered to be, at least, thrice its natural thickness, and exhibiting marks of increased vascularity, whilst the medullary matter of the chord itself was found to be converted into a dusky, semi-transparent, and yellowish substance, somewhat resembling paste or jelly, both in consistence and colour.

"The other regions of the body and the viscera were found natural, after a minute inspection." 2.

Case 2. J. B. (ætat. 60) was received into hospital on the morning of September 6, 1820, with his right arm enormously swelled from the hand to the shoulder, and, in different parts, of a bluish colour, with small vesications. He was speechless, and no history of the symptoms could be obtained. His left arm was continually agitated by spasms—his head drawn to the left side,—and at intervals there were similar sudden retractions of the muscles of the back, resembling opisthotonos. He expired the same day. It was afterwards ascertained that he was ill only one entire day in barracks, previously to his entrance into hospital. Under such circumstances, the following *post mortem* appearances will excite the surprise of the reader.

"The vessels of the head, and the substance of the brain, were very turgid with blood. The ventricles did not contain any unusual quantity of fluid. The cerebellum had the same vascular appearance as the cerebrum. The vessels in the spinal canal were gorged with blood, and the theca of the medulla spinalis was very red; the inflammation, however, did not extend to the substance of the spinal marrow itself.

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"The lungs were completely filled with blood; the lining membrane of the bronchiæ was reddish. There was also some effusion into the cavity of the pleura. The internal tunic of the heart and blood-vessels (particularly the inner coat of the arch of the aorta), was of a brilliant red; the valves were natural; the pericardium contained the usual quantity of fluid." 2.

The third plate contains four figures, all representing disease of the bones after syphilis, or what is termed pseudo-syphilis. Of these we can convey no idea in words, and must therefore refer to the plates themselves.

The fourth plate contains two figures—the first, a continuation of the subject of the preceding plate,—and the second, a representation of syphilitic, pseudo-syphilitic, or mercurial ulcers on the toes and soles of the feet.

5. The fifth plate contains four figures very ably executed, and also coloured. The first figure represents a dreadful case of ulceration of the nates. The patient was a journeyman tailor in civil life, in Edinburgh, who had had syphilis—two chancres on the penis, and two buboes, the chancres having appeared eight days after suspicious connexion. Mercury (by inunction) was used, to the effect of producing slight soreness of the mouth, but no salivation. This treatment was continued for two months, and the symptoms yielded. While the buboes were healing, and about six months after the commencement of the mercurial course, a spot of a bright red colour, neither painful nor elevated, appeared on the left side of the perineum, and speedily ulcerated. He again used mercury, in the form of pills. About a month after the commencement of this second course, a small tumour, the size of a bean, appeared on the right hip, which also broke and ulcerated, the ulceration spreading into the previous sore in perineo. The pills only produced a disagreeable taste in the mouth.

"The elongated ulcer was attended with burning pain; worse at night; it extended under the use of these pills; he was then ordered to take bark and to intermit the pills. The bark was used for three months, and appeared to aggravate the disease.

"He then abandoned all internal medicine, and used hot stimulating dressings.

"The sore spread over the ischium of the right side, and healed at one point in its centre. He was sent into the country. No progress being made in the cure within a month afterwards, mercury was used, by inunction, morning and evening, for a month, but produced no affection of the mouth, except a slight soreness. The ulcer spread slowly and steadily; healing in the centre. Its progress continued uninterrup-

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ted after the cessation of the mercury. Once more he used mercury, which produced salivation. The ulcer still spread, and encircled the anus. He now used nitric acid internally, and nitrate of silver in solution, as an external application, alternately with a mixture of calomel and lime water.

"At this period the painting was taken. The ulceration continued to enlarge towards the circumference, and heal in the centre.

"The last time I saw him (in Musselburgh, in 1819,) it had ascended as high as the middle of the sacrum, and descended more than half down the thighs. He was then hectic, and appeared to be dying."

The other figures represent disease of the cranium in worn-out soldiers returned from the East and West Indies. One of them related that he never had had syphilis—but as for the assertions of these people, we should not place the slightest reliance on them. It would be a rare thing indeed to see a soldier reside 12 or 15 years in the East or West Indies, without contracting any syphilitic taint.

6. The sixth plate, which is coloured, represents an eruption covering the whole body, but more particularly the head and neck. It appeared four or five days previous to the patient's admission. Its nature was pustular, with a dark-coloured areola. These pustules became deep-set crusts, on the removal of which sores were found. He had also extensive ulcers in the fauces, which gave him much pain, and greatly impeded his swallowing. He had been with his regiment in India for ten years, during which he had undergone a course of mercury for some of the diseases of the climate; but never, as he said, for syphilitic complaint. He sunk, emaciated, under hectic. Extensive ulceration was found in the nasal membrane—and also on each side of the tongue. The epiglottis was nearly destroyed—the uvula completely so. The lungs were hepatized.

7. The seventh plate contains four figures, three of them illustrative of disease of bone after syphilis and mercury. The 4th figure is meant to represent fracture of the neck of the thigh bone united. The man was 31 years of age and died of phthisis. About four years previously he had a fall from his horse, in America, and fractured both of the inferior extremities. The fracture of the right thigh being compound, amputation was performed. The left was found with a fracture of the middle and neck of the femur, "in which bony union had completely taken place." Considering the age of the patient, we dare not say that the appearance of the neck of the thigh-

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bone is not proof of fracture, though we certainly have doubts on the subject, having attentively examined the bone itself, from which the drawing is made. But, at all events, there can be no doubt that the fracture (if it be one) is external to the capsular ligament, at least in part, and, consequently, does not bear on the controversy between Sir Astley Cooper and Mr. Earle, respecting the union or non-union of the bone within the capsule. We have had the opinions of some of the ablest anatomists in this metropolis on the bone in question, and the result has been unfavourable to the statements, or rather opinions, broached in this Fasciculus. We would advise the plate to be cancelled, or the opinions to be modified.

9. The ninth plate (the 8th is a continuation of the 7th) exhibits specimens of diseased intestines and lungs, after dysentery and phthisis; but it is so difficult to represent morbid parts of this kind by lithographic plates, that they fail to convey any clear idea of the morbid structures.

We have now given a brief account of the present Fasciculus, and have only to wish success to the undertaking.

IV.

Elements of the Etiology and Philosophy of Epidemics. By JOSEPH MATHER SMITH, M.D. Fellow of the College of Physicians and Surgeons of the University of the State of New York, &c. 8vo. pp. 223. New York, 1824.

WE have often shewn that we belong to neither the contagionists nor non-contagionists—while we support the doctrine of *contingent* contagion, in the fevers of this, and even of tropical climates. The authentic documents which we published in the third number of this series, must, we think, convince the unprejudiced that, although a fever may commence epidemically, it may end contagiously, as was the case in the Bann sloop of war and other vessels.

Among the works which have issued from the contending parties, on both sides, we have seen none which have appeared more ingenious or philosophical than the one now before us. And although we shall have occasion to disagree with Dr. Smith, occasionally, in the course of our analysis, we give him full credit, not only for great talent and force of argument, but

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for candour and good faith—qualities which are not always to be found on either side of the question. We are happy, on another account, to pay our respects to this author—and that is, because he is an American. The petty bickerings and literary squibs which have too often shot across the Atlantic, eastward and westward, are now beginning to subside; and men of literature, as well as men of politics, are shaking hands across that vast ocean, which, we hope, will drown their animosities, while it binds the two nations in the harmonious ties of language, politics, commerce, literature, and science. In our own department (the medical) we trust we have not retarded but accelerated this desirable event; and we sincerely exhort our professional cotemporaries, on both sides of the Atlantic, to contribute, by example as well as precept, to this "consummation so devoutly to be wished."

In the work under review, "the author has attempted to arrange the causes of febrile and epidemic diseases, in systematic order; and to deduce from an examination of the nature and modus operandi of those causes, the laws which govern the rise, prevalence, and decline of epidemics; and also, the manner in which these diseases severally modify and supersede each other." He is far, however from presuming that he has completed this arduous task—"for he believes the period has not yet arrived, in which the various phenomena and laws of epidemics can be arranged with definite accuracy." His principal object therefore is to present, in part, the OUTLINE of a system of etiology, in which, he hopes, the leading facts relative to the prevalence of epidemic diseases will be exhibited, "in a method as conformable to nature as the present state of the science will admit." *Preface.*

In this disquisition, Dr. Smith has found (or fancied) himself under the necessity of introducing a considerable number of new terms,* which will give great offence to those who think that language, ideas, knowledge—are all fixed and irrevocable. Hear our author's apology for this innovation.

"The nomenclature of febrile diseases has long been enlarged to an extent that enables us to designate, by suitable terms, almost all their varieties; while that of their remote causes has been allowed to remain, for the most part, general, indeterminate and vague. As the successful prosecution of etiological inquiries depends, in a considerable measure, upon the precision with which one cause of disease can be discriminated

* We mean to the medical ear in this country; for our present author has the authority of Dr. Millar for most of the terms made use of in this work. *Ed.*

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from another, it is hoped, that, however objectionable the terms he has introduced may appear to the fastidious philologist, they will be found more definite than the phraseology commonly employed in treating of the same subjects." 11.

Those indeed who are most *querulous* about the want of clear and definite terms to express our ideas respecting contagion, infection, &c. are most *clamorous* against any attempts to characterise them by accurate and appropriate definitions.

The first part of Dr. Smith's work consists of "an arrangement of the remote causes of febrile and epidemic diseases;" and of this attempt we shall endeavour to convey some idea to our readers.

'Our author is aware of the difficulties attending etiological enquiries of this kind. Of the many remote causes of disease, we know nothing, except what is derived from observation of their *effects*—for instance, those epidemic influences which occasionally operate, with desolating fury, on whole communities. Hence the various and contradictory opinions which have prevailed among writers on these epidemics. No subject has excited more discussion than CONTAGION, in modern times. And yet we think these discussions are more creditable to the moderns, than the absence of such discussions or doubts among the boasted ancients, is to them. For nearly a thousand years, small pox, measles, and scarlet fever committed their ravages on the people, and were recorded by physicians, *who viewed them as varieties of the same disease, and having nothing to do with specific contagion!* Even Sydenham believed them to arise from atmospheric constitutions! So much for the lauded accuracy of the ancients. It was not till near the close of the 18th century, that the distinct character and independent origin of these three contagious disorders came to be universally perceived and acknowledged.* We agree with our author that little confidence is to be placed in the ancients, on the subject of contagion, after the glaring blindness which they evinced respecting the specific contagions now universally recognised.

"Among modern partisans, it has been the custom to cite Hippocrates, Celsus, Aretæus, and Trallian, to prove the noncontagiousness of fevers; and Thucydides, Lucretius, and Galen, to establish the opposite doctrine. These, it is acknowledged, are venerable authorities; but it is questionable, whether their observations and modes of philosophizing were sufficiently extensive and analytical, to enable them to decide a question which involves so many considerations as that relating to the contagiousness of fever. Their writings appear to furnish no

* See Bateman on Cutaneous Diseases

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facts calculated to elucidate the subject; yet if their opinions be admitted in the argument, those which favour the views of the anticontagionists must undoubtedly be regarded as the most worthy of confidence." 21.

After the middle of the 16th century, a contagious character was extended to every kind of fever, and even to consumption, influenza, and agues, at the very time when the exanthemata above mentioned, were considered to be unconnected with contagion! Now, as the same investigations which discovered the specific contagions of the exanthemata, raised doubts as to the communicability of fevers, our author infers that there must have been some good grounds for these same doubts. He (rather too sanguinely perhaps) prognosticates that, should enquiries go on with the same spirit as at present, "the dogma which asserts the specific contagiousness of yellow fever, *plague*, dysentery, typhus, and other fevers, will be forgotten, or only remembered as an error of the schools, before the lapse of the present century." On this we may remark that, with the exception of *plague*, there are few physicians, in this country at least, who believe that epidemic or endemic fevers *arise* from specific contagion; though facts daily teach us that these same fevers occasionally, and under particular circumstances, *give out* a something (call it contagion, malaria, infected atmosphere, diseased secretion, or what you please) which produces a similar disease in the healthy stander-by, who happens to come within its range. If we may venture a prognostic also, we would anticipate that this *will be*, as it assuredly *now is*, the more general opinion among *practitioners*. In all succeeding ages, however, we believe that *writers*, in their libraries, will be found to doubt every thing as well as to assert every thing, and thus amuse the world with their doubts and dogmas. When we see and know that nine-tenths of the really competent judges have come to the conclusions last mentioned, and when we see, every now and again, a writer launch forth from his heated brain the proud proclamation, that the whole world is of his opinion (all contagion, or no contagion*) we cannot but smile, and recollect the ostrich, who pushes his head into a bush and, as he can see nothing himself, concludes most logically that no creature can see him.

But setting aside, for the present, the question of contingent contagion, we are quite ready to admit, with Dr. Smith, (as we

* See the Proclamations of Sir Gilbert Blane on one side, and Dr. Maclean on the other.

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said before) that the great epidemics and the local endemics arise from general causes, and not from specific contagion; but we are not so ready to agree with him in the following doctrine.

"Reasoning from these facts, and the well-known similarity of phenomena attending the prevalence of yellow fever and plague, we are led to conclude that the latter disease is also destitute of the quality of contagion, and that it is dependent upon a cause analogous to that of the former." 23.

In the first place, we must not decide such a question as this by *analogy*, but by the evidence of *facts* collected on the spot where plague prevails. If we examine such facts, collected or observed by those who have had personal communication with plague, we find that the great and preponderating weight of evidence is in favour of contagion. The analogies, then, of fireside travellers, such as Dr. Smith in America and Dr. Hancock in London, can only pass for what they are worth, which we believe to be just nothing at all. In the second place, we beg to ask Dr. Smith where he learnt the "well-known similarity of phenomena" attending plague and yellow fever? Is a disease which is almost as regularly characterised by a specific eruption as any of the exanthemata themselves, to be thus so readily identified with yellow fever, in which such a phenomenon is hardly ever seen?

From an extract, which we shall presently introduce, it will be evident that the difference between Dr. Smith and ourselves is rather in words than in things. He tells us that, so long ago as 1796, Dr. Richard Bayley, of New York, proposed that the term *contagion* should be restricted to morbid animal poisons, as those of small-pox, measles, &c.—and that the term *infection* should be limited to the "pestiferous effluvia arising from the excretions of the sick, and other species of filth." This distinction was soon approved of by several respectable writers, and Dr. Adams afterwards adopted it as his own, and without the least acknowledgement of the source whence he derived it.*

"Those who assert that contagion is the first essential of plague,

* *De mortuis nil nisi verum.* Various facts have come to our knowledge, which long ago convinced us that the late Dr. Adams was a man of extremely little and illiberal mind—prone to catch at anything that might appear original in him, without the sense of justice to acknowledge his obligations, *unless he feared detection*—which fear was his principal stimulus to candour. The editor of this journal once detected him in, and convicted him of, a wilful falsehood and plagiarism—which he (Dr. A.) never dared to rebut or deny.—*Ed.*

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yellow fever, typhus, and dysentery, hold a doctrine which is consistent with itself; but those who admit that noxious exhalations originally produce those diseases, and, at the same time, contend that they are subsequently propagated by specific contagions, violate an established rule of philosophizing. They have recourse to more causes than are sufficient to explain the phenomena; and, what is equally unphilosophical, maintain, apparently without perceiving the absurdity, that two poisons, essentially different in their nature, are capable of producing the same specific disease. For example, they tell us that a miasmal poison, arising from the soil, will induce a peculiar form of fever; and that this fever will generate a contagious virus which is adequate to the production of the same disorder in a healthy person. This is obviously making like effects proceed from two very dissimilar causes; surely no one will alledge that marsh miasmata possess the qualities of poisons formed by animal secretion. The fact is, such poisons being different from miasmata, both in their origin and properties, must necessarily produce different diseases.

"The poisons of yellow fever and plague, like the exhalations which produce intermittent and remittent fevers, spring originally from the soil. In order, therefore, to render those fevers capable of communication, it is essentially requisite that the diseased body regenerate and multiply the same kinds of poisons. But it is plain that the constitution is no more adequate to this, than it is to the regeneration and subsequent exhalation of arsenic or corrosive sublimate when swallowed in doses sufficient to destroy life. The miasm, which is acting efficiently in a case of yellow fever or plague, never extends its influence beyond the patient; and its power is annihilated in the crisis of his disease. Hence we conclude, that all miasmal diseases are as destitute of contagious properties as the disorders occasioned by the mineral poisons.

"But here the interesting inquiry arises, whether individuals sick of a pestilential disease may always be approached with impunity? On this subject we have to remark, that although persons affected with yellow fever, or plague, are not to be avoided on account of any danger of contracting that peculiar form of disease by personal communication, *yet as vitiated human effluvia are highly deleterious, there is sometimes danger from this source, especially if there are many patients crowded into small and ill-ventilated apartments, if no attention is given to personal and domestic cleanliness, and if the disease be protracted to a stage in which the excretions of the body become putrescent and noisome.* It has been shown by Dr. Adams, that the poison, engendered under such circumstances, is not entitled to the name of contagion. It always, when it acts singly, *produces typhous fever, of greater or less severity*, whether it originates in the places occupied by those sick of plague, yellow fever, typhus, remittent fever, or by one confined with a broken leg. This we regard as a cardinal truth, which should be constantly kept in mind in our etiological researches. *In this manner typhus produces typhus*; and hence the erroneous conclusion that the disease is propagated by means of a specific contagion."—*Introduction*, 31.

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The passages which we have marked in italics plainly prove that the whole of the objections to the doctrine of *contingent contagion* hinge on the interpretations given to certain words. Dr. Smith admits that, "in this manner, (crowding, want of ventilation, &c.) typhus produces typhus," which is all that we have ever contended for; but when he says that this *contingent* disease is *always typhus*, whatever was the original form of the fever, he says that, of which he offers no proof, and which we have amply shewn, by the fever in the Bann and at Ascension, to be *not conformable to experience*. Dr. Smith virtually contradicts his own doctrine, of typhus being *invariably* the result of this *infection*, arising in the crowded apartments of those who are sick of other fevers.

"As to the fevers occasioned by the exhalations of the soil, they can have, as before observed, no power of propagating disorders of their own nature; because those exhalations and vitiated human effluvia have different properties and produce different effects; *but should persons be exposed to the operation of both poisons at the same time, a new or modified form of disease will be the consequence.**

"From these observations, it will be perceived that, *we admit the facts recorded by practical writers, relative to the propagation of typhous diseases; but explain them differently from those who allege that they are specifically contagious.* Exceptions might be made to our reasoning, if it led us to view with indifference those means of checking the prevalence of typhus, which have been so successfully employed for that purpose in the cities of Great Britain. But so far is it from having that tendency, that it impels us to urge upon the medical police of every crowded city, the importance of instituting fever hospitals, as originally proposed and established by the distinguished Dr. Haygarth." 33.

We think we have now reduced the apparent discrepancy between Dr. Smith and ourselves to a mere *verbal* dispute, which, in reality, deserves no more than a slight explanation to set the question at rest between us. When we find our author, therefore, in the following pages, denying contagion, (contingent) we beg our readers may bear in mind that this denial is merely words, and not things.—But we must now come to our author's etiological arrangement.

ORDER 1.—*Contagion*—a poison generated by morbid animal secretion, possessing the power of inducing a like morbid action in healthy bodies, whereby it is re-produced, and indefinitely modified. This contagion can only be known by its

* How does this quadrate with the assertion that the new or contingent disease is *always* typhus?—*Rev.*

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effects—and can only be divided into genera, by classifying the diseases which it produces. Dr. Hosack's classification is adopted, with a slight modification. GENUS 1. Contagion communicable exclusively by contact, its *species* being as follows:—*itch, syphilis, sibbens, laanda of Africa, frambesia, elephantiasis, hydrophobia, vaccina.* These diseases cannot be conveyed through the medium of the air, but require actual *contact*—hence they are strictly *contagious*, in the etymological sense of the word. GENUS 2. Contagion communicable both by contact and by the atmosphere. These are liable to become *epidemic*, in contradistinction to those of the *first genus*. This genus contains, as *species*, the following:—*small-pox, measles, chicken-pox, scarlet fever, hooping cough.* To these, Dr. Hosack adds influenza and cynanche maligna. "But the *former*" (says our author, without proof,) "is *evidently* not contagious, and the *latter* is either a modification of scarlatina, or an atmospheric disease." One of the laws which govern these contagions is, that they are communicable in every season—in the heat of summer as well as in the cold of winter—in a pure, as well as in an impure air. Another law is, *general insusceptibility* to future attacks of the same disease, but with exceptions.

ORDER 2.—*Infection.* This is designated a febrific agent, "produced by the decomposition of *animal* and vegetable substances."*

"It usually exists in the state of a gas or *miasm*, and, in this form, occurs in filthy houses, ships, jails, hospitals, and cities; and also in marshes and fenny and low districts of country. Under the denominations of *marsh* or *paludal miasmata, exhalations of the soil, vegeto-animal effluvium, malaria, human effluvia, febrile* and *putrid contagion*, its various specific effects are detailed in the works of practical writers.

"The infectious miasms are considered as arising from decomposing animal and vegetable substances; first, because some of these always exist in the localities where they originate, and, secondly, because there is no evidence that any other species of matter are capable of producing them." 43.

* Our author has wisely avoided the error into which Dr. Bancroft has fallen on this point. That gentleman resolutely denies that *animal* matters can have any thing to do in the production of these febrific miasmata. But we have lately exhibited the most unequivocal proof of the contrary opinion, or rather fact, in the cases of fatal fever produced by opening a grave, in the Island of Lintin. Besides, as no chemical examination of these miasmata has ever taken place, and as animal matters are abundant in every situation where paludal effluvia exist, where is the proof that animal decomposition has no share in the production of the said miasmata?

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After commenting on Dr. Ferguson's opinions respecting the production of febrific miasmata, our author goes on to say:—

"But with respect to dead animal and vegetable substances, we have incontestable evidence that they emit effluvia which produce fevers. Now, there is, perhaps, no variety of soil on the earth, except in arid sandy deserts, and the higher polar regions, which does not contain more or less putrescent organic remains. *When we advert to the immense number and variety of insects, worms, and reptiles, and the animals of a higher order which are constantly perishing and mingling their elements with the mineral constituents of the soil;* and when we observe like phenomena occurring in the vegetable creation, the largest trees, and all the inferior plants sinking into the same common grave, we cannot avoid the belief, that it is to such materials we must look for the origin of miasmal exhalations.

"The smaller animals, and the vegetables which most readily undergo disorganization, are found in the greatest abundance in flat and marshy countries; and this appears to be one reason why such places are so prolific of unwholesome exhalations." 46.

In general, the miasmal poisons possess no sensible qualities of smell, taste, &c. There may be bad smells *accompanying* febrific miasmata, but whether these have any immediate connexion with the poisons themselves, we have no means of ascertaining. In fact, the existence of miasmata in the atmosphere has never yet been proved by chemistry or the senses. Many of the circumstances, however, in which they originate, are readily distinguished.

"The late Dr. Edward Miller, of New-York, in his 'Attempt to deduce a Nomenclature of certain Febrile and Pestilential Diseases from the nature and origin of their remote causes,' published in 1804, divided the miasmal poisons into two species; the first, comprising the exhalations of the soil, and the second, the effluvia generated by personal and domestic filth. These noxious principles, he says, 'must be considered as gaseous fluids floating on the surfaces, or surrounding the bodies, from which they are respectively exhaled; and hence, like the ethereal fluids of magnetism and electricity, they may properly be called *miasmatic atmospheres.*'

"'In order to distinguish these two *miasmatic atmospheres,*' he observes, 'and, at the same time, to duly fix in the mind the impression of the origin and production of them, it is judged expedient to designate each by terms which will invariably express the process of nature in their formation. As the Greek language has been generally resorted to in the framing of scientific nomenclature, I shall employ the adjective ΚΟΙΝΟΣ, *common* or *public*, to denote one species of miasma, and ΙΔΙΟΣ, *personal* or *private*, to denote the other. The application of these terms will be readily understood. That portion of air charged with miasmata, exhaled by solar heat from the surface of swampy grounds, or from

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masses of filth overspreading the open area of cities, according to this distinction is denominated *Atmosphera koino-miasmatica.* And that other small portion of air, contaminated by miasmata emitted from and surrounding the body, clothes, bedding, and furniture of persons immersed in the filth of their own excretions, and of those associated in the same family with them, accumulated, long retained, and acted upon by animal heat, is denominated *Atmosphera idio-miasmatica!*" " 49.

We think that, for the sake of precision in language, and to prevent so much verbal squabbling, an arrangement of the above kind would be very useful in the etiology of fevers. Doubtless some of our witty critical brethren will laugh at these KOINOS, and ridicule them as mere "word-*coining*;" but this is hardly fair, when attempts are made to define, with more precision, the vague ideas and terms scattered through medical writings and colloquial language.

GENUS I.—*Koino-miasma.* This genus comprehends the effluvia exhaled from the public filth of cities, and from the soil of marshes and campaign countries. It, also, properly includes the noxious emanations from animal and vegetable substances, accumulated and allowed to putrefy in cellars, storehouses, and the holds of ships. A high range of temperature, and the immersion of the corrupting materials in a certain degree of moisture, are generally essential to the production of this kind of miasma. It is diffusible through the common atmosphere, and, when widely extended, occasions a general prevalence of disease—or, in other words, an *epidemic.* In this genus our author arranges the miasms which produce plague, yellow fever, and the bilious remittent fevers—"diseases, for the most part, peculiar to tropical climates, and to the warm seasons of the temperate latitudes."

GENUS II.—*Idio-miasma.* This miasm is produced from the matter of perspiration, and the other excretions of the human body, accumulated in small and unventilated places, and acted on by heat.

"It occurs most frequently in the houses of the poor, and the apartments of the sick, and especially of those labouring under the typhous state of fever. It is commonly distinguished in the books by the terms vitiated human effluvia, typhous and putrid contagion.

"This poison is the source of genuine typhus, such as jail, hospital, and ship fevers. None of these forms of disease can be said to occur epidemically; for the miasm becomes innoxious when diffused in the atmosphere a few feet beyond the apartments in which it is engendered. It is extremely rare that the general atmosphere of a city becomes pestiferous from human effluvia.

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"The fevers, produced by *Idio miasma*, are also distinguished from those arising from Koino miasma, by their appearing generally in the middle and higher latitudes; and, for the most part, in the colder seasons of the year; that is, during the period that houses are generally crowded, and not freely ventilated, owing to the inclemencies of the weather." 52.

The preceding genera, our author observes, comprise all the infectious sources of fever. But he remarks that they do not provide for "that combination of the two miasmal poisons, which produces compound fevers." Dr. Miller, in his classification, seemed to be aware of this defect, and thus observes —"it would be a subject of curious and interesting inquiry, how far these different febrile poisons are susceptible of being blended, and thereby of producing effects of a mixed kind; and likewise, how far the idio-miasmatic atmosphere, by means of high solar heat and other concurring circumstances, is capable of conversion into the koino-miasmatic atmosphere."*

Such a *conversion*, Dr. Smith regards as impossible, averring that there are no circumstances which can enable simple human effluvia to produce any other forms of fever than the species of genuine typhus. Of this we are by no means certain. Our author, however, allows that the miasm of typhus, when it unites with the exhalation from marshes, or the public filth of cities, may produce a disease of *a peculiar or mixed character*. "This compound source of disease, therefore, is highly interesting, both in a practical and scientific point of view, and is, we think, sufficiently distinct and well characterised to be ranked as a genus." To this, therefore, we proceed.

GENUS III.—*Idio-koino-miasma*. This genus, according to Dr. Smith, may be defined the combination of human effluvia with the exhalations of the soil; or, in other words, "the intimate union of the species of the first genus of *infection* with those of the second, producing, virtually, a *tertium quid*." But, as this source of disease has never received that particular consideration which our author thinks it deserves, we shall allow Dr. Smith to use his own words on the occasion.

"And, first, let us suppose the circumstances in which typhus originates to occur in summer, such as the crowding of individuals into small apartments, badly ventilated, and rendered offensive by personal and domestic filth. These causes would obviously produce typhus in its ordinary form. But suppose there exist at the same time those ex-

* Miller's Medical Works, p. 196.

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halations which occasion plague and yellow fever, or intermittent and remittent fevers. Under such circumstances, we should not expect to see any one of those diseases fully and distinctly formed, but a disease of a novel or modified character.

"In this country, several memorable instances have occurred within a few years, which will enable us to exemplify the peculiar agency of *Idio-koino miasma*.

"The fever which prevailed in Bancker-Street, New-York, in the summer and autumn of 1820; and the cases of fever admitted into the Philadelphia Alms-House in the same season, were diseases arising from this cause.

"The diversity of opinion, which prevailed among gentlemen equally distinguished for their medical learning and experience, relative to the Bancker-Street fever, evinced that there was something novel in its character, or rather that it was different from the ordinary endemic diseases of our cities. By some it was unequivocally called *yellow fever*, while others with equal confidence pronounced it *typhus*. Of the former opinion were the Committee appointed by the Medical Society to inquire into the causes and character of the disease. The Committee produced abundant evidence that there existed in Bancker-Street and its vicinity, all the circumstances necessary to produce typhus. They carefully noted the extraordinary number of individuals residing in that district, their poverty, filthiness, and intemperance; and also the foul condition of the streets, courts, and alleys.

"In deducing their conclusions, it appears they proceeded on the assumption, that the causes of typhus are never operative but in winter; and consequently that the fever of Bancker-Street had nothing of the typhous character, but being malignant, and occurring in summer, could be no other than the pestilential *yellow fever*. It is here we think they erred; on the other hand, those who contended that the disorder was *typhus*, apparently forgetting that *koino miasma* was acting at the time, and which, conjoined with the influence of a high atmospheric temperature, was producing bilious remittent fevers in other parts of the city, were betrayed into an opposite error.

"Upon a careful review of all the facts connected with this subject, we think we are warranted in concluding, that the fever of Bancker-Street was neither genuine typhus nor bilious remittent, or yellow fever; but a distinct and compound fever, illustrative of what Dr. Miller considered the "interesting inquiry how far the different febrile poisons are susceptible of being blended, and thereby of producing disease of a mixed kind." 56.

Our author remarks, that this peculiar form of fever, *both* in New York and in Philadelphia, was, under similar circumstances, more prevalent and fatal among blacks than whites—so much so, that it obtained the popular name of the Negro fever. We agree with our intelligent author in the following passage, which cannot be too rigidly inforced on the minds of tropical practitioners, and the medical officers of our fleets and armies.

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"Both koino miasma and idio miasma are frequently engendered on board of ships. 'Vessels abounding in animal and vegetable filth, and navigating the warm latitudes, on arriving in port during a hot season, will be apt to generate the former species of miasm, while such as sail on long voyages, and are crowded with passengers, who neglect, or are deprived of the means of cleanliness and ventilation, will be chiefly liable to produce the latter.'* The simultaneous generation, and consequent union of these poisons on ship-board, will induce a disease similar to that of Bancker-Street. Several interesting examples of this kind might be adduced. The same form of disease has been observed to occur in persons who have been exposed to koino miasma on shore, and who are subsequently embarked in crowded ships. Pringle tells us, that 'in the autumn of 1757, when our troops returned from the expedition to the Rade de Basque, several of the soldiers were brought into the hospital at Portsmouth, ill of a disorder, *compounded with the bilious and jail fever*. For when those men, upon being seized with the common fever of the season, were confined to the holds of the crowded transports, their distempers assumed a malignant form.'"† 59.

The plague of Athens, as recorded by Thucydides, appears to our author to be one of these hybrid or compound fevers, resulting from a combination of human and terrestrial miasmata.

"We are told that during the invasion of the Athenian territories by the Peloponnesians and their Allies, the people of Attica took refuge within the walls of the Capital; that the city was unable to receive so large a conflux of people; that many were forced to lodge in the turrets of the walls; and that a great part of the Priæus was portioned out to them for little dwellings. 'Besides this reigning calamity,' says Thucydides, 'the general removal from the country into the city was a heavy grievance, more particularly to those who had been necessitated to come thither; for as they had no houses, but dwelt all the summer season in hooths, where there was scarce room to breathe, the pestilence destroyed with the utmost disorder, so that they lay together in heaps, the dying upon the dead, and the dead upon the dying. Some were tumbling over others in the public streets, or lay expiring round about every fountain, whither they had crept to allay their immoderate thirst.'‡ 'So urgent was the necessity,' to use the language of Dr. E. H. Smith, 'that contrary to the express prohibition, as it was supposed, of the Pythian Oracle, they seized upon the interdicted ground of the Pelasgic, and erected there their miserable huts. Set up wherever space was found, in the utmost disorder, and pressed together, they experienced no free circulation of the air, while their diminutive size provoked the sallies of a sarcastic poet, (Aristophanes) who compares them to buts or casks.'§

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* Miller.

† Observations on the Diseases of the Army, p. 130.

‡ Smith's Translation, vol. i. p. 166.

§ New-York Med. Repository, vol. i. p. 15.

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The population of the city at this time, is supposed to have been augmented from fifty thousand to more than four hundred thousand.

"When all these circumstances are duly considered, there cannot remain a doubt that vitiated human effluvia, and noxious exhalations from public filth, in a word that *Idio-koino miasma* was generated and rendered in a high degree malignant." 61.

That this was the cause which threatened to depopulate Athens is rendered probable, Dr. Smith naturally infers, from the nature and character of the disorder, which appears to have differed materially, if not essentially, from the modern plague of the Levant, inasmuch as buboes and carbuncles are not included in the symptoms of the Athenian scourge. It is true that in very rapidly fatal cases of the Turkish plague, the above symptoms do not always appear:—but, as many of the Athenians died on the seventh and ninth days of the disease, and even later, there was time for the occurrence of buboes; and such a remarkable symptom was not likely to have escaped the observation of the accurate historian. Dr. Smith, therefore, comes to the conclusion, that the Athenian epidemic was not genuine plague, "but a malignant *idio-koino miasmal fever*."

We now come to that part of the work which treats of the particular species of infection or of febrile miasmata.—Dr. Miller has remarked, that miasmata may be properly divided into the *mild* and *malignant*. Our author follows this division, but prefers giving them specific names, on the plan of modern chemists:—thus to the *mild* miasmal poisons he prefixes *proto* the Greek ordinal numeral—while to the *malignant* miasmata he prefixes the intensive particle *per*. The first kind, or rather grade, then, will stand *protokoino miasma*, while the second, or malignant, will be, of course, *perkoino miasma*. In this manner the species of idio-miasma, and idio-koino miasma will also be distinguished. For our own parts we attach no other importance to these distinctive appellations than we would to similar terms in nosology or chemistry. They facilitate, we imagine, the study of the particular subjects.

Species 1. *Protokoino Miasma*. This consists of the exhalations from the soil, which, in summer and autumn, produce intermittent and remittent fevers, and also derangement of the intestinal and hepatic functions. They are usually denominated marsh miasmata. That this species is different from that which produces yellow fever and plague cannot, our author thinks, be doubted—"for were they the same, we should find those diseases as frequently and extensively prevalent as intermittent and remittent fevers."

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"*Protokoino miasma* is generated in situations where there is putrescent matter immersed in certain degrees of moisture, and acted upon by solar heat. The localities which furnish it in the greatest abundance are filthy cities, marshes, and flat countries. In wet seasons, swampy and low grounds are comparatively unproductive of the miasm, in consequence of being saturated, or inundated with water. In such seasons the dryer and more elevated tracts of country, which are usually healthy, are particularly liable to visitations of miasmal diseases. 'Dr. Dazille, in his treatise upon the diseases of the negroes in the West Indies, informs us,' says Dr. Rush, 'that the rainy season is the most healthy at Cayenne, owing to the neighbouring morasses being deeply overflowed; whereas at St. Domingo a dry season is most productive of diseases, owing to its favouring those degrees of moisture which produce morbid exhalations. These facts will explain the reason why in certain seasons, places which are naturally healthy in our country become sickly, while those places which are naturally sickly escape the prevailing epidemic.'* Dr. Ferguson, in his interesting paper on the marsh poison, corroborates the statement of Dr. Dazille. In performing the duty assigned him of making a medico-topographical survey of the West India Colonies, he observed 'that the same rains which made a deep marshy country perfectly healthy, by deluging a well-cleared one, where there was any considerable depth of soil, speedily converted it, under the drying process of a vertical sun, into a hotbed of pestiferous miasmata.'"† 71.

A temperature below 35 or 40 of fahrenheit, and a state of perfect dryness or extreme humidity, may be considered incompatible with its generation. It appears to arise most abundantly from grounds which are undergoing the process of exsiccation, or which are occasionally irrigated, or moistened by showers, and at the same time steadily acted on by summer heat. Accordingly the margins of rivers, ponds, lakes, and certain points of savannas and swamps, are justly deemed more fruitful of miasmata than stagnant waters, or very hard or dry soils.

"In cities, the quantity of moisture and filth varies in different places; and consequently it must often happen that some spots will be in a condition more favourable to the production of febrific effluvia than others. Hence it is, that ordinary autumnal fevers are frequently observed to prevail most in certain neighbourhoods. The miasm exhaled from such spots sometimes extends over a whole town, and occasions a general epidemic. In like manner, the effluvium from marshes spreads over a considerable space of the circumjacent country, and produces a corresponding prevalence of disease. Sometimes it reaches places somewhat elevated, though its extension in certain directions is generally arrested by mountains, high ridges of land, and dense and lofty forests." 72.

* Medical Inquiries and Observations, vol. iii. p. 108.
† Philadelphia Med. and Phys. Journal, No. 13.

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The soil of woodlands is less productive of *protokoino miasma* than marshes, and open flat countries—but the clearing of such lands is frequently followed by fevers. Newly turned-up soil, in unhealthy countries, is always dangerous, as it exposes to the sun a large surface covered with putrescent vegetable matters.

"*Protokoino miasma* is supposed to be specifically heavier than common air; for it extends along the surface of the soil to a considerable distance from its source, and is always most active in low situations. It appears to form a stratum, resting on the earth, which, like other vapours, may be agitated and dispersed by the winds. Its ascent in the atmosphere is varied by the rarefying influence of the solar heat. Thus, during the day it is elevated, but at night is condensed and descends with the dew. Hence the danger of sleeping on the earth, or in tents, and the greater salubrity of the upper stories of buildings. These observations will in part explain the fact, that, as the season advances, miasmal fevers multiply. The heats of summer, though more favourable to the production of the poison, are less so to its concentration, than the temperature of autumn." 74.

Our author thinks it questionable whether this measure can be conveyed in the form of *fomites*, from one place to another. We should think this is very unlikely to happen. We are disposed to agree in the following sentence, however, to wit:—"different countries, and different localities in the same country, probably furnish varieties of the species *protokoino miasma.*" Of this, we think, there can be little doubt, if we may judge from their various effects. But although this poison may vary in its qualities, our author conceives that "the pathology of its diseases is every where the same." This, we think, is an assumption standing in need of further proof. From the following passage, it will be seen that our author differs from Dr. Bancroft, and several able modern writers, on the question of the yellow fever of the West Indies being only a grade of bilious remittent fever.

"In all countries, and especially in hot climates, the fevers occasioned by *Protokoino miasma* are sometimes attended with black vomit, and yellowness of the eyes and skin; circumstances which have led many observers to consider them of the same nature as the pestilential yellow fever, differing from it only in grade. This error has long been associated with doctrines otherwise true. In the West Indies, there is probably much difficulty in distinguishing the worst cases of *malignant* bilious fever from genuine yellow fever. To judge correctly, where there is any doubt relative to the nature of a febrile disease, several cases, occurring at the same time and place, should be attentively investigated. If a majority of these cases manifest the signs of bilious remittent fever, they should be regarded as distinct from yellow fever,

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notwithstanding the malignity of some of them; and on the other hand, if in the greater number, the characteristics of yellow fever clearly and unequivocally appear, they should be considered specifically different from *Protokoino miasmal* fevers.

"To this history of the milder Species of Koino miasma, we may add, that when viewed in its geographical relations, it is found to be indigenous in most countries of the torrid and temperate zones. During the summer and autumn, it is abundantly produced throughout the alluvial tract which stretches along the Atlantic sea-board from New-Jersey to the gulph of Mexico. It is also a prolific source of fever in the secondary region, west of the Alleghanies; and in the countries bordering on the great American lakes. In the north-eastern States, the formation of which is for the most part primitive, it is not so general; but in every place where there are swampy grounds, or the country is low and level, it frequently produces epidemics. Some of the more remarkable foreign sources of this poison are the fens of Lincolnshire, the low lands of Holland, and the Netherlands, the marshes of Italy, Hungary, the Indies, and the western shores of Africa. Indeed, next to the morbid influences of the atmosphere, it may be regarded as the most general cause of disease." 77.

Species 2. *Perkoino Miasma.* This species, according to our author, embraces the poisons of *yellow fever, plague,* the malignant effluvia of Batavia, and of some other parts of the East. We recommend the following extract to the serious attention of all reflecting men, whether contagionists or anti-contagionists. It appears to us to contain much sound reasoning, as well as solid facts.

"It is distinguished from the Species Protokoino miasma, by its more virulent and pestilential qualities, and by its occurring for the most part in cities. In crowded populations it affects great numbers at the same time, and usually prevails with destructive severity for a period of several months. Among commercial nations, its specific character is acknowledged in their prohibitory measures of quarantine.

"Although *Perkoino miasma* may constantly exist at some places within the tropics, yet its *epidemic* appearance, especially in temperate climates, is very irregular. It frequently prevails in the cities of neighbouring countries at the same time, or successively in different seasons. Sometimes, however, there are intervals of many years, during which it scarcely appears in the temperate latitudes.

"This poison, like the first species of koino miasma, is exhaled from masses of public filth, and soils containing putrescent matter; and is generated under a high range of temperature, and certain epidemic influences of the general atmosphere.

"In the United States and the Islands of the Antilles, where the yellow fever is most prevalent, it generally first appears in the lowest parts of sea-port towns; and particularly on the margins of rivers, and

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about docks constructed of perishable materials. Usually it commences its ravages in a small neighbourhood; and from this gradually extends in every direction, progressing uninterruptedly from street to street, and thus enlarging its circle, until arrested and destroyed by certain changes in the qualities of the atmosphere. Occasionally it appears in several parts of a city, in the same season; but then, always spreads in the manner just stated. Sometimes the grounds from which it emanates are not so narrowly circumscribed, but are of considerable extent, especially in tropical climates, and in sea-ports where public cleanliness is neglected.

"The source of the yellow fever poison, and the means by which the disease is spread through a city, are well known to be subjects fertile of controversy. In pursuing the history of *Perkoino miasma*, the questions in dispute will properly come under review.

"All admit, that in the cities of the middle latitudes, the poison makes its epidemic appearance in the localities above described; that its field of prevalence widens slowly and regularly from day to day; and that it spreads, not only through the lowest and filthiest, but occasionally to the higher and more cleanly streets.

"These facts have been urged to prove, that the poison of yellow fever is a specific *contagion*, introduced from a foreign source; and that the extension of the disease is owing to personal communication. This doctrine has but few advocates on this side of the Atlantic, and will no doubt soon be entirely exploded.

"The fact, however, is well established, that the agent which produces yellow fever is capable of being transported from one country to another; and there are strong reasons for believing that it is often engendered in ships while navigating the tropical seas. The frequent arrival of infected vessels from the West Indies, at the sea-port towns of the United States and of Spain, has given a colouring of truth to the hypothesis of exclusive importation. That the entrance of such vessels into port is dangerous, and often fatal to those who board or approach them, is at present a matter of universal notoriety. But a broad distinction should be made between this source of yellow fever, and that of a pestilential epidemic. Formerly, the anti-contagionists were over anxious to prove that the yellow fever which casually appeared in certain towns of the United States, originated from domestic causes; but the proofs of its importation, in several instances, are clear and indisputable. Thus the cases which occurred at the Wallabout in 1804, at Perth-Amboy in 1811, at Middletown, Connecticut, in 1819, and at the New-York Lazaretto in 1821, were satisfactorily traced to vessels recently arrived from the West Indies. It seems that the anti-contagionists feared that such concessions would invalidate the doctrine of the domestic origin of yellow fever; but this can never be the consequence of a fair investigation of the subject. The evidence in favour of the local production of *Perkoino miasma* is no less conclusive than that which establishes its introduction by ships. The following facts are deemed sufficient proofs of its local or domestic origin.

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"1. The disease frequently appears in the first instance among those who have had no communication with infected ships, goods, or other articles. This fact is abundantly established by the testimony of many respectable American physicians.

"2. The disorder prevails as an *epidemic* only in the warm seasons of the year; that is, it commences in summer, and after raging for several months, disappears in the autumn; exhibiting in its course a rise, progress, and decline, like other epidemics produced by miasmal causes. It proceeds in the manner here stated, when there are no suspicious vessels at the wharves, or goods imbued with foreign infection in the town. Moreover, it never spreads beyond the atmosphere of a city, nor is it propagated by the sick when removed to the country, or to the healthy parts of a town—a decisive proof that its epidemic prevalence is not dependent upon a specific contagion.

"3. The early and entire desertion of an infected neighbourhood or district, and of a wide space around it, does not in the slightest degree tend to stay the extension of the poison, nor to diminish the danger of visiting the uninhabited locality, so long as the weather continues favourable to the existence of the miasm, which is frequently for three or four months. In general there is much greater hazard in walking through the streets originally infected one or two months after the inhabitants have removed, than at the commencement of an epidemic. These facts are in no way reconcileable with the doctrine of contagion.

"But it may be asked, in what manner can it be satisfactorily determined, whether yellow fever originates from a foreign or domestic source, when there is a coincidence between the arrival of infected vessels, or the introduction of infected goods, and the commencement of an epidemic?

"In some instances it may, on the first appearance of the disease, be difficult to answer this question; but, in the event, we think, it may be solved with accuracy. If the poison be imported, the disease will not prevail epidemically; it will affect those only who approach the infected vessels or their cargoes, and will totally disappear on removing them to a distance; whereas, if the disease be of domestic origin, it will continue to prevail through the season, whether the ships be removed or not—provided the local source of the poison be not discovered and effectually destroyed.

"Should infected ships, however, be allowed to remain at the wharves of a city until cold weather, they would undoubtedly so long continue to contaminate the air of their immediate vicinity, and consequently the disease would continue to occur, and perhaps, extend to a few of the adjacent streets. But such experiments are never permitted in the United States or in Europe. As soon as yellow fever shows itself, every thing suspected of containing foreign infection is removed, and of course any poison derived from this source is soon rendered innocuous by dispersion in the atmosphere." 82.

Thus then our author comes to the conclusion that the cause of real yellow fever—the Perkoino-miasma, may be imported

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into countries where it did not previously exist, and there spread endemically—at least, to a small extent. If this be the case with the *cause* of the disease, we do not see that it is very unreasonable to go a step farther, and allow that, under certain circumstances, the *fever itself* may be capable of generating its similitude. The following summary account of the manner in which *Perkoino miasma* appears and spreads through a city, as drawn from personal observation, we shall give in the words of its author.

"The grounds from which the miasm is exhaled, are usually of small extent, compared with the area over which it eventually spreads. At first, the poison is probably generated in a very minute quantity, perhaps not enough to occasion disease even in those who are the most susceptible to its noxious influence. But the quantity progressively increases, and shortly becomes sufficiently accumulated at and about its source to produce the few cases of fever which form the commencement of an epidemic. As the exhalation multiplies, it spreads to the adjoining streets, producing additional cases. At this period, however, the continuance of the disease as an epidemic, frequently appears doubtful, owing to the wind dispersing the miasm, the quantity of which is yet inconsiderable. But the poison, multiplying from day to day, slowly extends over a larger space, entering the houses, courts, and other retreats sheltered from the winds. As the season advances, the pestilential soil becomes more and more prolific of the poison, and when at length its exhalation is no longer increased, the epidemic soon rises to its height.

"In accounting for the extension of yellow fever, it is important to observe, that the quantity of *Perkoino miasma* daily augments, and that the principal cause of its not spreading rapidly with effect, is its dispersion in the atmosphere. The poison in a dilute state is, no doubt, always considerably in advance of the places in which it is sufficiently concentrated to produce disease; and although that portion of the miasm which is diffused through the streets of an infected district, may frequently be scattered by the wind so as to render them comparatively safe to passengers, yet as the poison has possession of enclosures and ranges of buildings, and is constantly emanating from its source, they soon become again pestilential in a calm state of the atmosphere. Moreover, it is probable that the miasm is condensed with the dews, and partially absorbed by the soil, from which it is exhaled during the heat of the day. This idea is the more plausible, seeing there is reason to believe that the specific gravity of *Perkoino miasma* is greater than that of atmospheric air, and that its elevation above the surface of the earth is never considerable. It is an old observation that the occupants of the upper stories of houses are less exposed to the ravages of pestilence than those who reside on the ground floors." 88.

Dr. Smith would fain identify the causes of plague and yellow fever; but evidently fears to urge this identity with any thing

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like confidence. He acknowledges that "the two disorders are distinguished by peculiar symptoms, and are somewhat different in their pathology," although they sometimes exhibit similar appearances. Again he grants that "yellow fever prevails in tropical countries, and never in the higher latitudes; whereas plague never appears within the tropics, but is confined to certain countries of the temperate zone, prevailing sometimes in northern countries where yellow fever is unknown." We really think it unnecessary to adduce stonger proofs of the dissimilarity of the two diseases and their causes than those which our author himself delivers in the foregoing passages.

Dr. Smith observes, that there are facts to prove that *perkoino miasma* is sometimes attached in such quantity to clothes, furniture, and other articles, that, on removing them from one place to another, as from ship to ship, or from town to the country, disease has thereby been communicated.

"With respect to yellow fever, such instances, though rare, explain the origin of some cases which are alleged to have arisen from contagion. Relying on the numerous statements relative to the more frequent communication of plague, in a pure atmosphere, we are inclined to believe that its poison is of *a grosser quality than that of yellow fever, and that it more strongly adheres to goods, and the persons and apparel of men.*" 90.

This poison is destroyed by the reduction of the atmospheric temperature to 32°, and in countries where frost never occurs, its production is suspended by rains, and a comparatively cool state of the air.

GENUS II. IDIO MIASMA. *Species* 1. *Protidio Miasma.* This miasm is the ordinary source of genuine typhous fever. "It is produced from the excretions of the human body in unventilated houses, and in the apartments of the sick."

"Typhus from *Protidio miasma* is a disease of frequent occurrence in the cities of the United States. In the interior of the country, fevers arising from *this source* are comparatively rare; but the disorders originating from protokoino miasma, in their advanced stages, often resemble genuine typhus; indeed, the low or *typhoid* state of remittent fever, is doubtless occasioned in part by the morbid excretions of the patient reacting on his system. To this cause also may be partly ascribed the *typhoid* appearances, which are sometimes observed in atmospheric and contagious diseases, the nature of which is originally distinct from that of genuine typhus.

"The atmosphere in prisons, almshouses, and hospitals is extremely liable to contamination from *Protidio miasma.* The poison engendered in such places from crowding, uncleanliness, and want of ventilation,

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not only produces typhus, but has an agency in exciting the cachectic and strumous disorders which are so prevalent in humane and criminal institutions. These diseases are also frequent among the filthy poor, and are in some measure attributable to the same cause." 93.

Species 2. *Peridio-miasma.* Origin the same as the *protidio* or milder miasma, but elaborated under circumstances calculated to increase the virulence of human effluvia to its greatest malignity. These circumstances are usually the long confinement and crowding of individuals into apartments where cleanliness and ventilation are impossible, or totally neglected. Jail and ship-fevers sometimes originate from this deadly effluvium—witness the destructive consequences produced by *fomites* at the Black Assizes, and at the sessions of the Old Bailey, in 1750. *Peridio-miasmal* fever is synonimous with the typhus gravior of authors. The modern improvements in jails and hospitals have rendered this form of fever rare.

"The materials, however, which produce it, constantly exist in some places, in the form of protidio miasm, or human filth adhering to clothes, bedding, and furniture; and all that is necessary to convert those materials into the virulent poison in question, is their long confinement in a situation where the fresh air is excluded, and the temperature is favourable to chemical action." 97.

Our author has remarked before, that a combination of the terrestrial and human poisons may take place, forming an *idio-koino-miasma*, of various strength or virulence, and producing complications and varieties of fever, which we daily see, but which it is impossible to classify, or even describe. Under this head, and under the appellation of *peridio-koino-miasma*, (that is, a combination of human effluvium with the worst kind of terrestrial miasma) our author ranks the poison of plague and yellow fever. This he considers to be the cause of that pestilence which ravaged London in 1665, being called the poor's plague. The same was the agent in the plague of Athens.

Remarks on the Species of Infection.

"Having completed the arrangement of the infectious poisons into Genera and Species, we would now be distinctly understood as not intending to advance the opinion that each Species produces a disease as peculiar in its nature as Small-pox or Hooping-cough. The pathological phenomena which result from infection afford the strongest evidence that there is an affinity between its diseases. But this affinity has its limits. The dogma of the unity of disease derives no support from the similitude sometimes observed between different infectious fe-

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vers. Strictly speaking, a unity of disease can exist only where there is a unity of cause. If the same poison operate on individuals whose susceptibilities are different, grades of one disease will be the consequence. As a general truth, therefore, it may be said, that different poisons produce different disorders, each of which has different grades that collectively form an unit.

"It has long been a question whether yellow fever and plague are essentially different from intermittent and remittent fevers, or grades of the same disease. If our preceding views be correct, the two former must be regarded as specifically distinct from the latter; for yellow fever and plague are produced by the species *perkoino miasma*, while intermittent and remittent fevers arise from *Protokoino miasma*. These species and their varieties severally produce distinct fevers of various grades. This view of the subject is applicable to all the Species of Infection.

"The similarity of the different Species of infectious fevers depends upon the affinity of their poisons, which, as it was said before, are probably composed of the same elementary principles varied in their proportions. Now, so far as these poisons are allied to each other, so far only are the fevers occasioned by them grades of the same malady. Though there are phenomena which are common to all the miasmal diseases, yet there are others peculiar to each, which clearly indicate a specific difference in the poisons that produce them. In every febrile complaint there is an assemblage of symptoms which enables the experienced observer to ascertain its nature, and to discern its relations to other disorders.

"In the preceding classification, our object has been to exhibit, in a natural order, the various kinds of miasmata and their combinations, which are distinguishable in their origin and effects. To determine their physical and essential differences is impossible in the present state of science." 109.

The two orders of contagion and infection being now disposed of, we come to Dr. Smith's third order.

ORDER 3.—*Meteoration*. Under this head our author arranges all the atmospheric sources of disease, such as the vicissitudes of temperature and moisture, and those *occult influences* of the air which are occasionally experienced in every climate and season of the year, and which affect, in a peculiar manner, the animal and vegetable creation.* Our author properly observes that our knowledge of the unhealthy and diversified qualities of the atmosphere is entirely derived from the

* Dr. Smith excludes from this order all infectious and contagious effluvia. But when we find him admitting into it certain *occult influences*—we think he will be puzzled to account for *these* on any other principle than terrestrial effluvia. But more of this anon.

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observation of their *effects*. "Thus, some disorders arise from the impressions of the *sensible* qualities of the air, while others arise from the influence of its insensible or occult properties." Upon these grounds he proposes to divide meteoration into two genera:—in the first will be comprised all those qualities which are manifest to the senses ("sensible meteoration")—in the second will be included all the insensible qualities of the air—"*epidemic meteoration*."

Genus 1. *Sensible Meteoration*. This, as was said before, embraces the diurnal vicissitudes of the weather, and all the manifest qualities of the air, barometrical, hydrometrical, &c. The diseases produced by these are well known, as catarrh, croup, pneumonia, and other phlegmasial affections. The simple and direct effects of extreme atmospheric heat and cold are also to be included in this class. On this subject we need not dwell—indeed our author has merely referred to established works on atmospheric influence for information.

Genus 2.—*Epidemic Meteoration*. Here we are completely in the dark. Sydenham and Van Swieten, after watching the epidemic constitutions of many years in succession, came to the same conclusion—namely, that they did not thereby gain the least knowledge of the original causes of epidemic diseases! This sentiment has been re-echoed by all who have since written on the subject. The influenza—the cholera of India—the English sweating sickness, are notorious examples of epidemic meteoration. Our author has quoted the poet Armstrong in support of the *atmospheric* origin of these epidemics, and treats with entire scepticism the opinions of the older physicians, who supposed that epidemics were produced by "vapours exhaled from the bowels of the earth." Now as we have never been able to discover any change in the constitution of the atmosphere to account for endemic or epidemic diseases; whereas *miasmata from the earth* have been unequivocally proved to exist, (though their actual chemical qualities are unknown) have we not more grounds for believing that these *last* are the grand agents in epidemic disorders, than any occult change in the atmosphere itself, of which we have no proof whatever? Were the epidemic influence dependent on mere atmospheric change, how would a disorder travel progressively for hundreds of miles, directly against a regular trade wind, as was the case in India? Or how would an epidemic travel along one side of a river, destroying all before it, leaving the other side free, for many weeks—then, (the course

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of the wind being still the same) retrace its steps along the other bank, visiting the inhabitants with even-handed severity? Can it be possible to doubt that the cause of the disease was one of two things—either a miasma from the earth producing havoc as it was generated—or a specific contagion spreading along like that of small-pox or measles? The contagious character of these epidemics is now almost universally disbelieved—we have therefore only the other source to look to for the etiology of epidemics. Against these arguments we give our author all the support which may arise from his view of the etiology, as seen in the following passage.

"Allowing these observations to be well founded, the inquiry may be made, which of the imponderable elements is the most concerned in originating *Epidemic meteoration*. We know of no facts which shew that *light* has any agency in producing epidemics, and, as these diseases cannot be attributed to the vicissitudes of *temperature*, it appears that *caloric* is not, of itself, adequate to the effect. It seems probable, therefore, that *Epidemic meteoration* arises principally from variations in the quantity of electricity.

"If this view of the subject be correct, it is obvious, that many varieties of *Epidemic meteoration* may spring from certain quantities of electricity, concurring with certain proportions of the other variable constituents of the atmosphere; but in what manner these principles are combined with the other component parts of the air, or in what proportions they exist in the *varieties* of Epidemic meteoration, we shall not attempt to investigate: as yet, observation and experiment have made no progress towards elucidating this subject." 126.

And now, having brought Dr. Smith's etiological arrangement to a close, we shall present the reader with a synopsis of it at one view.

"*A Synopsis of the Remote Causes of Disease, as investigated and arranged in the preceding pages.*

"ORDER I.—CONTAGION.

"GENUS I.—*Contagion communicable exclusively by contact.*

"*Species.*—Contagion of Itch, Syphilis, the Sibbens of Scotland, the Laanda of Africa, Frambæsia, or Yaws, Elephantiasis, or Leprosy, Hydrophobia, Vaccina.

"GENUS II.—*Contagion communicable both by contact and by the Atmosphere.*

"*Species.*—Contagion of Small-pox, Measles, Chicken-pox, Scarlet Fever, Hooping-cough.

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" ORDER II.—INFECTION.

" GENUS I.—*Koino Miasma.*

" *Species* 1.—Protokoino miasma—producing intermittent and remittent fevers.

" *Species* 2.—Perkoino miasma—producing yellow fever and plague.

" GENUS II.—*Idio Miasma.*

" *Species* 1.—Protidio miasma—producing the mild forms of typhus.

" *Species* 2.—Peridio miasma—producing the malignant forms of typhus.

" GENUS III.—*Idio-koino Miasma.*

" *Species* 1.—Protidio-koino miasma—producing the mild forms of compound fevers.

" *Species* 2.—Peridio-koino miasma—producing the malignant forms of compound fevers.

" ORDER III.—METEORATION.

" GENUS I.—*Sensible Meteoration.*

" Producing croup, pleurisy, and other phlegmasial disorders.—

" *Species*—undefined.

" GENUS II.—*Epidemic Meteoration.*

" Producing influenza, pneumonia typhoides, angina, and various other epidemic diseases.—

" *Species*—undefined." p. 129.

The second part of the work, embracing an " Inquiry into the Philosophy of Epidemics," we cannot at present enter upon—our design, in this article, being to draw the attention of the profession to some fixed and specific language and ideas on the subject of etiology. Although we have made objections to some parts of our author's arrangement, we think it is decidedly the best we have—indeed, we might say, it is the *only* etiological arrangement we possess—and, consequently, we recommend it to our brethren.

To Dr. Smith we return many thanks for the pleasure he has afforded us in the perusal of his work—which does great honour to transatlantic medicine.

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V.

Clinical Report on Dropsies; with Observations explanatory of their Pathology and Therapeutics: with an Appendix on the Theory and Treatment of Organic Disease in general. By ROBERT VENABLES, Bachelor in Medicine, &c. &c. Octavo, pp. 240, Underwoods, London, 1824.

DR. VENABLES, we apprehend, is writing rather too fast and too soon. "*Festina lente,*" is no bad precept in authorship; and, doubtless, the rough salutation which Dr. Venables has met with among our critical brethren ere this, have inclined him to think so. Not that we coincide in the severe strictures which have been passed on the work before us. We think it is, like most productions in this world, a mixture of good and evil—of truth and error, from which something useful may be gleaned, and of which a good deal must be rejected. Our author appears to pin his faith too much, for an original observer, on the tenets of one or two modern writers—nor is he very happy in conveying his conceptions to the understandings of his readers. Thus, at page six of his preface he observes:—"The regarding fever as *symptomatic* rather than the *cause* of local affections, has tended much to obscure both their nature and theory, and to enervate our practice." Surely this sentence would lead us to conclude that Dr. V. did *not* regard fever as the *effect*, but rather the *cause* of the topical affection. And yet a few lines farther on we have the following confused enunciation.

"I have long regarded febrile and inflammatory action as the same in *essence*,* and differing merely in the extent of parts occupied by the morbid action. Let fever, then, and the diseases in which febrile action prevails, or which are accompanied with these morbid manifestations, be treated as other inflammations of *a similar description* would be, and I am convinced, that diseases which are now regarded as obstinate and incurable, will become infinitely more tractable, and, in many instances, yield to medical treatment." vii.

Here, then, fever and inflammation are identified, instead of standing in the relation of cause and effect—and fevers are to be treated as "*other* inflammations of a *similar kind.*" What can our author possibly mean by comparing or coupling fevers with *other* inflammations of a *similar kind?* But, indepen-

"* Vide Wilson Philip's Essay on Fever."

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dently of the discrepancy and obscurity of these passages, we do maintain that the tendency of the doctrine is most dangerous. The general treatment of fever and inflammation never can be amalgamated without great detriment to the patient. *Fever* will be cured by various and *opposite* methods of treatment—and, perhaps, in a very overwhelming majority of cases it would terminate safely without any medicine at all. Not so inflammation of an internal organ. There is not, indeed, according to our apprehension, a more powerful argument against the identity of fever and inflammation than this difference in treatment—a difference which is more and more conspicuous in proportion to our clinical experience.

Before entering on his clinical report, Dr. V. makes some observations on the sense which he attaches to the word *pathology*. He distinguishes it, and very properly, from morbid anatomy, with which it is sometimes confounded. Pathology, as the name imports, is *a discourse on disease*. In its more general signification, it not only includes the *morbid action* going on in disease, but their causes, and even their symptoms: morbid anatomy, on the other hand, means only the *deviations from healthy structure*, caused by the morbid actions, and remaining when these actions and life itself have ceased.

Dr. V.'s clinical report consists of the detail of twenty-one cases, with remarks on individual cases; to which are appended inferences and general observations on the disease in question. The cases were, in general, of the same kind as those detailed by Dr. Crampton, and treated on the same antiphlogistic principles. We shall give a single case, as a specimen, and then pass on to the author's general deductions.

"*Case* 10. Frances Avery, aged 47, a thin, poor, spare-looking woman.—Dispensary.

"September 10, 1823. Complains of a most severe and distressing dyspnœa; 'can scarcely get her breath;' any exercise, such as merely walking across the room, creates such a degree of dyspnœa, that she gasps and catches for air; violent fits of coughing follow, which last for ten or fifteen minutes; orthopnœa; the face flushes and becomes purple, the lips assume a livid hue, and the whole countenance indicates the greatest distress. The skin feels hot, dry, and rough to the touch; the pulse quick, irregular, hard, and slow; only 50 beats in the minute. The bowels constipated; the urine scanty and high-coloured, and on settling deposits a sediment; does not coagulate on the application of heat; tongue foul, and covered with a yellow fur; the abdomen swoln, and, on percussion, fluctuation distinctly perceived. Anasarca of the ancles, with pitting on pressure. *Mitt. sanguis ad* ℥x. *Ht. pil. col. comp. no.* vj.—*st.* j. *sing. horis, ad alvum promovend.* ℞ *Pulv. digitalis* gr. xij. *pulv. ant.* gr. xx. *ipecacuanhæ* gr. x. *confecti. aromat. q. s. ut fl. pil.* xij.—*st.* j. *bis in die.*

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"12. The symptoms detailed above, nearly as at the time of that report. Complains of restless nights, palpitations at the heart, and frequent attacks of night-mare, with startings from sleep. Has taken her medicine with very little relief, or even perceptible effect. The aperient pills have regulated the bowels. The blood drawn exhibited, on standing, signs of inflammatory action. *Perstat, et admov. hirud. no.* x. *sterno, et posteà vesicatorium.*

"17. Symptoms somewhat relieved; the dyspnœa and coughing not so violent; the restlessness and palpitations continue, though she thinks they are not so severe or violent as before. *Perstat; et st. ext. hyoscyami* gr. iij *horâ somni, et repet. cras vespere.*

"19. All the symptoms abated. The evacuations, however, somewhat dark-coloured. ℞ *Calomel.* gr. vj. *pulv. digitalis* gr. x. *ext. hyoscyami* gr. viij. M. *ft. pil.* xij.—*st.* j. *nocte maneque.*

"24. Some increase of the dyspnœa; the symptoms generally, however, improved; the cough is not so readily excited; the orthopnœa relieved, as she can now lie down in nearly a recumbent posture. *Admov. vesicatorium sterno, et perstat ut antè.*

"26. All the symptoms rapidly disappearing; the abdomen decreases in size; the urine plentiful; the bowels free; the fever and pectoral symptoms very much abated. *Perstat.*

"October 3. All the symptoms completely relieved. She feels weak, and sometimes the urine diminishes in quantity. ℞ *Infusi cascarillæ* ʒviij. *infusi digitalis* ʒij. M.—*st. cyath.* j. *ter in die.*

"20. Has not attended since till this day; complains of a return of the symptoms; the urine diminished; pyrexia, with hard pulse. *Mitt. sanguis ad* ʒx.* ℞ *Cremor. tart.* ʒij. *jalap.* ʒij. M. *ft. pulvis, cujus sumat* gr. xij. *ter in die.*

"27. The powders purge very much; the urine not quite so plentiful. ℞ *Cremor. tart.* ʒss. *jalap.* ʒjss. *gum kino* ʒss. *theriacæ q. s. ut ft. elect.*—*st. coch.* j. *min. bis terve in die.*

"She persevered in the above medicine till the 12th Nov. when, through an imprudent exposure to cold while washing, she was again attacked with acute febrile symptoms, which threatened a return of all her former distress. Eight ounces of blood were now drawn off, and the electuary directed to be repeated.

"Nov. 17. The bleeding immediately checked the fever, and she now feels perfectly well, with the exception of weakness, from the active treatment to which she has been subjected. She was now directed to take the tartarized iron, as a tonic, and was discharged, cured, on the 24th of the month.

"*Observations.*—This was as severe a case of hydrothorax as I have witnessed. The appearance of this woman was not what would be considered as warranting bleeding. The pulse was unusually slow, but, after bleeding, it rose, and acquired a much greater frequency.

"* The blood drawn from this patient did not buff in any instance."

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This often happens; when the quantity of blood is such as to oppress the heart, or that there is such pulmonary obstruction as to impede the circulation through these organs, the motion of this fluid becomes preternaturally slow. Venesection, by relieving the actual disease, and lessening the influence of its causes, removes the obstruction, and the blood acquires a greater degree of velocity. I am much inclined to believe that the lungs, in this case, were in that morbid condition which Laennec has termed 'Pulmonary Apoplexy.'* Although hæmoptoe is a general attendant on this condition of the lungs, yet I question whether it be an absolutely necessary consequence. However, I questioned this woman upon the subject of spitting of blood, but she answered in that hesitating and equivocal manner which led me to doubt the accuracy of her assertions. Some people seem to imagine, that to admit of being afflicted with disease is a sure mode of becoming affected; perhaps she thought the converse of this equally good reasoning, and that to deny the presence of symptoms was a sure way of diminishing their violence.

"It will be observed, that a frequent repetition of the blood-letting and blistering was absolutely necessary, to establish any thing like permanent relief.† Surely it could not be to the want of diuretics, nor to a diminished secretion of urine, that the aggravation of the symptoms, which occasionally took place in this instance, should be attributed. The increase of the symptoms was usually attended with pyrexia; this proved a stimulus to the heart, and excited inordinate action.‡ The impermeability of the pulmonary tissue to the blood, propelled with an unusual velocity, no doubt, contributed much to the dyspnœa, cough, and other kinds of pectoral distress experienced in this case." 57.

From the detail of the 21 cases of dropsy, our author considers himself fully justified in deducing the following inferences.

"1. Dropsy is more frequently an active disease.

"2. When active, it is generally complicated with a pyrexial or inflammatory state of the system.

"3. When dropsy depends upon inflammatory affections of the viscera, the operation of these affections is most frequently indirect; namely, through the fever which commonly accompanies such diseases.

"4. Dropsy may arise as the termination of acute and subacute inflammation in the serous membranes, or in the cellular structures.

"5. Dropsy, in a very severe degree, may exist, independently of any organic disease.

"6. When the cellular structures, or serous membranes, &c. are

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"* See Laennec, translated by Dr. Forbes: and also Dr. Forbes's own work on the Stethoscope and Percussion, &c."

"† I have since seen this woman repeatedly at church, and she seems to enjoy very good health."

"‡ At least, in a comparative sense."

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weak, either naturally from mal-conformation, from disease, or mechanical violence, the excitement of the economy, during the earlier periods of pregnancy,* may lead to a dropsy of the weakened parts, which, if neglected, will, under unfavourable circumstances, become alarming and inveterate diseases.

"7. When dropsy exists, in combination with an excited state of the system, or with an inflammatory affection of any organ or texture, antiphlogistic measures, especially blood-letting and antimonials, form the most rational and effectual means of cure.

"8. A reliance on diuretics in active dropsies serves merely to debilitate the system, without curing the disease, and may even lead to diabetes.

"9. A coagulable state of the urine in dropsy generally indicates the necessity of blood-letting; but the converse of this proposition does not hold good, and the non-coagulability of the urine does not necessarily prohibit venesection." 124.

We do not see any thing very objectionable in the foregoing inferences. They are confirmed by the cases themselves, and, indeed, by the general observation of attentive practitioners. After the able works, however, which have been lately published on the subject of inflammatory dropsy, we think there is not sufficient of novelty in Dr. Venables' views to require a formal volume for their enunciation. A concise essay in a periodical journal would have answered every purpose. We are free to confess, however, that a perusal of the cases and remarks on them, has not brought to our view any good grounds for those severe criticisms which have been so plentifully bestowed on this clinical report.

Theory and Treatment of Organic Disease.

What is organic disease? Most people readily conceive what is meant by organic disease—namely, *a cognizable deviation from the natural or healthy structure of a part*. Functional disorder, on the other hand, is a deviation from natural or healthy office in a part, unaccompanied by any *perceptible* change in the structure. There can be little doubt, however, that these two states are divided by imaginary rather than real boundaries. We can hardly suppose an organ to be out of or-

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"* Of course, excitement of any kind will, under the same circumstances, lead to similar results. But pregnancy being a natural process, the excitement generally attending it would be suffered to pass unobserved and unheeded; whereas a much inferior degree of excitement, arising from an unnatural or unusual cause, would obtain serious attention. I therefore thought it necessary to notice specifically the possible consequences from pregnancy."

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der, in function, say the stomach, without some change in its nervous or vascular system—although such change is not cognizable after death. Functional disorder then, and organic disease are rather two *stages* than two distinct *states* or conditions. Still, admitting this connexion, and also the well-known fact, that functional disorder often terminates in organic disease, the distinction is proper and useful in practice. As long as there is no material change in structure, beyond that of common inflammation, we have every reason to expect a cure—but when material change of organization has once obtained, the chance of cure is then indeed but small. We have no objection to the following arrangement of Dr. V.

"Then the animal mechanism may be considered susceptible of three degrees of change: the first consisting in such a change as has been generally named irritation, and which Mr. Abernethy has termed disorder; the second degree comprehends those changes which are the result of the less severe inflammatory affections, and which, perhaps, may be termed disease; the third change includes those alterations which render the structure itself worse than useless, for it becomes a perpetual source of irritation, and, generally speaking, ultimately proves fatal." 147.

The first change in the animal mechanism (functional disorder) is either in itself so minute, or takes place in the ultimate particles placed beyond the sphere of our vision, that it is in no way cognizable by the senses. It is only to be inferred by the phenomena or symptoms which result from it. This disorder is generally referred to the nervous system. But, considering the connexion and necessary dependence of the nervous and vascular systems, we can hardly suppose that any one is long deranged without corresponding derangement in the other. It is well known that the late Dr. Parry, of Bath, was inclined to attribute the first movements of disorder to the vascular rather than to the nervous system, and Dr. V. himself appears disposed to adopt the same views. But this has always been considered as one of the weakest points in Dr. Parry's doctrines. For although changes in the vascular apparatus almost invariably and inevitably affect the sentient structure, still if we analyze minutely the phenomena of healthy as well as disordered actions, we shall come to the conclusion, that impressions (whether from external agents or internal emotions) are first made on the nerves, and through them on the vascular apparatus.

Under the head of inflammation, (as the great source of organic disease) our author does little else than copy, page after page, from Dr. Philip's work on indigestion. One would in-

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deed suppose that Dr. Venables had kept Dr. Philip's work under his pillow, to study it by night as well as read it by day. Considering how many editions of it have issued from the press, we really think it was unnecessary to republish it on the present occasion. It would be still less necessary for us, in this place, to select the "*disjecta membra*" of Abernethy and Philip for specimens of Dr. Venables. Our author has completely debarred us from making any extracts, or offering any analysis of his appendix on organic diseases.

VI.

Formulaire Pratique des Hôpitaux Civiles de Paris, &c. &c. i. e. A Practical Formulary of the Civil Hospitals in Paris; or a Collection of the Medical Prescriptions used by the Physicians and Surgeons of these establishments; with Notes on the Doses and the Modes of Administration of Particular Remedies; and General Observations on each Hospital, on the Kind of Diseases which it is destined to receive, and on the Doctrines of the Practitioners, under whose charge it is placed. By M. F. RATIER, M.D. &c. &c. 12mo. pp. cvi. 376. Paris, 1823.

DR. RATIER professes, in this unambitious volume, to describe the state of medical practice in the hospitals of the French metropolis; and, in executing this delicate task, has with great propriety restricted himself to the office of an historian instead of that of a censor or a panegyrist. This plan, of course, imposes on him the necessity of abstaining from the expression of his own sentiments, relative to the importance of those medicines, of which he does not approve, either the composition or the application; and, by the same rule, in like manner, he holds himself absolved from all responsibility, except what regards the accuracy of facts. Having, moreover, been favoured by communications, in writing, from several of the chief officers of these hospitals, he appears to have carefully distinguished these, and given them to his readers without alteration of any kind. In other instances, he considers the practice of each hospital as general, except when a prescription common to all the physicians of that establishment, receives on the part of some individual a particular application. There is much candour as well as good sense in this plan of the doctor's; and

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we can perceive in it a decided testimony of the advantages which medicine shall at all times derive from the philosophy of facts, in preference to the fictions of speculation.

In most of the Parisian hospitals, the physicians and surgeons employ conventional and abridged terms in their prescriptions, as *eau benite*, *julep bechique*, for instance; and, in this way, occasion much embarrasment to persons attending their visits, whether for observation or improvement. Our considerate author has essayed to obviate these inconveniences, by collecting into his work the different formulæ designated by such enigmatical expressions; and, at the same time, to explain their doses and mode of administration.

Dr. Ratier asks, in his introduction, if we ought to ascribe to the "new physiological doctrine" (that of M. Broussais, we presume), the great simplicity which is now obtaining in the treatment of diseases; or, if the *medical constitution* itself has undergone a change, as many physicians, especially M. Jadelot, are disposed to assert; or, if gastro-intestinal inflammations have become more frequent in proportion to the decrease of *adynamic* and *ataxic* fevers? It is quite time, he adds, (and the registers of medical experience attest its truth,) that physicians have now much restricted the exhibition of emetics, purgatives, and tonics of every kind, and that much importance is attached, in these days, to inflammations of the digestive canal. Such changes may possibly have occurred in nature, as would seem to be implied in Dr. R's interrogatories; but, it is no less painful than humiliating to find that, in many instances, a mere change of words and names, without the least alteration of circumstances, constitutes the amount of originality in many of the new medical doctrines. In regard to the restriction of evacuants, we suspect Dr. R. has allowed himself to be satisfied with a partial or imperfect view of their importance: on our side of the channel, at least, such means possess a manifest superiority over ptisans of all kinds, or the orange-flower-water, or leeches to unseemly parts, or even to the heroic practice of moxibustion. With these introductory remarks, we pass to the subjects of the text before us: they are interesting in all respects; and, on this account, we shall devote a due degree of attention to the consideration of their nature and usefulness.

We propose adopting Dr. Ratier's arrangement in our analytical view of the plan and execution of his work: it is divided into five sections, containing,—general considerations on the ten hospitals of Paris,—the "formulary" strictly so called,—an account of particular remedies,—a comprehensive

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and rather elegant "nosology,"—and a copious, and consequently very convenient index, which it were well if many medical writers would choose to imitate.—For the purpose of making our readers acquainted with the economy of French hospital practice, we shall make each of the first three of these divisions the topic of particular examination.

I. GENERAL CONSIDERATIONS.—Thanks, says Dr. R. to the cares of a wise and beneficent government, the hospitals of Paris, destined originally to offer a refuge to misfortune and suffering, are become "des foyers" of medical instruction as pure as it is substantial. In them all, clinical schools are established under the superintendance of the most eminent physicians, whose lectures are eagerly frequented by the students. Every practitioner, we are told, availing himself of his opportunities, turns his attention exclusively to the elucidation of a particular subject by numerous researches and ingenious experiments, and thus contributes much to the advancement of the science of healing. Pathological anatomy, cultivated also with great zeal and address, reveals to them the seats and causes of diseases, and indicates new methods of treatment, whether curative or palliative. Every year, moreover, a medical "Recueil" is published, and contains practical observations made in the hospitals; and, by honourable rewards, encouragement is given to such students as have distinguished themselves by their exertions and their assiduity. By such means, our author concludes, these hospitals have proved the nursery of many practitioners that now enjoy a high reputation as promoters of the medical philosophy.—Let us now take each of these sanctuaries of sorrow and of science under notice, according to the order assigned them in Dr. Ratier's arrangement.

Hôtel-Dieu.—This is the most ancient and extensive of the Parisian hospitals, as well as the most important, on account of the clinical instruction of which it is the centre: it is set apart exclusively for the reception of acute diseases. The surgical department in it is entrusted to the charge of Messrs. Marjolin and Dupuytren; but the latter performs the whole actual duties: he visits the patients twice every day, holds gratuitous consultations, and performs all the operations in surgery. The following sketch communicated by Professor Dupuytren himself to Dr. Ratier, will afford some idea of the opinion and practice of this indefatigable surgeon.

"Removal of houses adjoining the Hôtel Dieu; free admission of pure air around and within the edifice; suppression

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of unsalutary wards; reduction of the number of beds; extending the windows down to the floors; transferring the insane, the old and the infirm, persons having ulcerated sores, cutaneous or other contagious diseases, and pregnant females, to establishments appropriated to their reception; and abundance and variety of every thing requisite for personal apparel and bed-clothes, for surgical dressings, for sustenance and for medicine, with the great degree of order and regularity observed in every department of the institution, have contributed to render the Hôtel Dieu one of the most healthy hospitals in the capital. Here, the senses of sight and smell are not, as heretofore, disagreeably affected: adynamic fevers, produced by air loaded with putrid miasms, no longer occur in such numbers; hospital gangrene also supervenes so unfrequently that the Professor has often been obliged to conclude his course of clinical surgery without being able to shew a single case to the students. Trepanning generally succeeds, except in such instances as analogous causes would affect other important operations: on the contrary, and probably from the effect of precautions taken to promote the admission and purification of the air, inflammatory affections are rather prevalent: in fact, if putrid and malignant fevers, gangrenes and mortifications, have nearly disappeared, thoracic, pulmonary, and peritoneal inflammations abound, and are the causes of death to many persons who expire in the surgical wards. All the bodies of individuals who have died in these wards during the last six years, have without exception been opened, and thus afforded a convincing proof of the doctrine, first stated by Dessault, that the greater number of patients who die under treatment for surgical diseases, perish from internal inflammations, *which very often occur to the amount of two, three or even four in the same person.* "Observation of this fact," says the reporter, "has not been lost in the treatment of surgical diseases: in almost all cases, diluents and refrigerants take place of tonics: leechings and venesections are employed instead of cordials and stimulants: bark is very sparingly exhibited." Fractures are almost always treated by position: some of them, as those of the neck of the thigh-bone and neck of the arm, by this means alone; others by position aided by dressings destined chiefly to prevent motion of the limb. Continued extension of the member is never employed. The *frightful* apparatus for reducing fractures and luxations has been banished for ever, and its place supplied by gentle methods. Herniæ are operated upon, so soon as the patient enters the hospital: cataracts are cured by depression and in bed, which prevents accidents from

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the patient's being removed after the operation. The number of deaths has lessened: it is 1 in 18, 19, or 20, in common years; the operation of lithotomy succeeds in $\frac{5}{6}$; that for hernia, in $\frac{3}{4}$; that for cataract, in $\frac{7}{8}$; and that for fistula lachrymalis, by the introduction of a canula of gold or platina, in $\frac{19}{20}$ of the cases.

Besides the surgical, there is an extensive medical department in the Hôtel Dieu, conducted by seven physicians, in successive courses of three months each. Among these, M. Recamier is much praised by our author, as a zealous, enterprising, sagacious practitioner, guided by observation in preference to all exclusive views: his attention is particularly directed to researches in the materia medica and pathological anatomy. De Montaign, Petit, Borie, and Geoffrey, are pure Brunonians; and their treatment of disease, of course, is tonic and stimulating. On the other hand, M. Husson adopts the principles of the chief (M. Broussais) of "la medecine physiologique," and even exceeds his master in his opinions. Universally almost, he prescribes low diet, emollient drinks, local and general bleedings, baths, and relaxing applications: he holds in utter proscription nearly every other therapeutical remedy, and his great success for several years has, we are told, confirmed the suitableness of his practice. Asselin again, is remarkable for "la sage expectation" he exercises in the management of his patients: persuaded that Nature is often able to accomplish a cure when undisturbed in her course, he makes it his chief concern to prevent every kind of influence calculated to determine or maintain a morbid state, by appropriate regimen, and especially by the greatest reserve in the employment of "des moyens perturbateurs."

Hôpital de la Pitié.—This is, in some sort, subordinate to the Hôtel Dieu and the hospital for venereal patients: convalescents and persons having chronic complaints are sent to it, till the place of their ultimate reception be fixed. One division of it is reserved for "filles publiques" affected with the syphilitic disorder: these are sent thither by the police, and treated by the physicians and surgeons of the last-mentioned establishment. Professor Beclard is surgeon-in-chief to the rest of the house; Doctors Serres and Bally are the physicians: the former is well known for his valuable researches in general and pathological anatomy.

Hôpital de la Charité.—This, having been considerably enlarged and supplied with the means of administering baths and

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fumigations of all kinds, is regarded as the second in importance of the metropolitan hospitals. Professors Boyer and Roux superintend the surgical duties in it, and, at the same time, read lectures in clinical surgery: Fouquier, Lerminier, and Chomel, are the physicians; the latter assists also in M. Fouquier's wards, and at the gratuitous consultations. Professor Fouquier himself gives clinical lectures in "l'hospice de la clinique interne;" but observations on the cases in the wards of La Charité are likewise comprehended in his course, which is attended by a great number of students.

In M. Ratier's estimation, this professor is a great man and a true medical philosopher. M. F. in his practice, employs a prudent caution ("temporisation") by leaving something to be done by the conservative efforts of Nature, and something also by those prompt and energetic "determinations" which change or modify a vicious tendency, and rescue the patient from certain death. He is an attentive and scrupulous observer; frank and discriminating; and distinguished for his accuracy in diagnosis, as well as the general certainty of his prognostic judgments: he is deliberate and minute in the investigation of symptoms; and, at all times, entertains a lively sense of the danger of compromising the dignity of the science by rashness. His system of treatment is simple and rational; and, though he occasionally ventures on the practice of an experiment, he does this with a prudence and reserve which exalt the physician's honour without lessening his great responsibility. Absolutely a stranger to the spirit of system, and treading the path defined by observation and experience, he has for a long time inculcated, in his theoretical and practical lectures, the frequency of inflammatory affections, and insisted on the urgency of subduing them by an antiphlogistic treatment, even when they have passed into a chronic state. It is also a doctrine of his, that the essential fevers of the ancients were often a symptom merely of an undetected inflammation: nevertheless, he admits the existence of essential fevers, *i. e.* fevers in which the state of excitement is general and never shews itself so predominant in one part as to authorise its being considered the cause whereby the febrile phenomena are determined. M. Fouquier, moreover, has long set himself against the abuse of stimulant and tonic applications in the treatment of acute diseases: he cannot, besides, bring his mind to believe that the gangrenous inflammation of the bowels and the skin, which manifests itself in carbuncles and adynamic fever, can have the same nature and require the same curative means as the true

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inflammation of the same parts, which constitutes erysipelas and dysentery.

Professor Fouquier follows a particular method in many diseases: in the colica pictonum (*C. Rachialgia* of Dr. Good) he deviates from the common practice, and makes such rational modifications in the treatment as long experience has demonstrated to be most efficacious. M. Ratier has made a great oversight in neglecting to disclose these important modifications " qu'exigeait une therapeutique rationelle:" to some minds there may be a sublimity in mystery; but we are to hope that M. Fouquier is of a purer mould. He considers acute rheumatism as an actual inflammation, and treats it as such; but prefers the use of leeches and cataplasms, assisted by mild diaphoretic draughts and tepid baths, to venesections, which give rise to tedious convalescence. This method has often succeeded, in his hands, in cases of chronic rheumatism of the joints, even when they had been partially anchylosed. Generally, in neuralgic affections, he first employs a few bleedings, sometimes venous, sometimes capillary, and then prescribes vesicatories to be applied, not on the course of the diseased nerve, but on the opposite surface of the affected member. The number of nervous disorders, so considerable with those who make superficial observations, is greatly reduced by M. F. who tries as much as possible to connect each series of symptoms with the lesion of some organ: notwithstanding this reduction, however, the affections which he is obliged to denominate *nervous* are still very numerous. He admits the existence of diseases purely nervous, *i. e.* in which our means of investigation have not hitherto discovered any material lesion whereunto they ought to be referred. He professes this opinion relatively to asthma, which M. Rostan regards as depending on aneurism of the heart. M. F. has made experiments with the extracts of virulent plants, as hyoscyamus, belladonna, lactuca virosa, with distilled laurel-water, and the prussic acid, in the treatment of epilepsy, hysteria, hypochondriasis, and other nervous maladies; but with what results, M. Ratier has not chosen to communicate.

Dropsy has been the object of M. Fouquier's particular study; and, relatively to this subject, he has instituted many researches on the action of diuretic medicine, which he has exhibited in much higher doses than most practitioners. Since the experiments of Dr. Segalas, he has prescribed *urea*, and found that it exercises a very powerful influence on the organs which perform the urinary secretion. Dr. F. entertains no particular views concerning the venereal disease; only he

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thinks, with M. Cullerier, that the "liquor of Van Swieten"* is less exceptionable than it has been represented, and that it is quite incapable of *producing* pulmonary consumption, although it may *hasten its development in persons predisposed to this malady*: its bad effects are referrible to its mal-administration in such cases, and in those of chronic gastro-intestinal inflammation.

An original predisposition to tuberculous or cancerous affections has been the subject of much controversy: M. Fouquier admits that, in most instances, such a predisposition really does exist, although it may be possible that it shall remain undetected, and that the diseases it ordinarily determines may accidentally supervene. In aneurism of the heart and large arteries, his treatment consists of local and general bleedings: most frequently he has recourse to the latter, for the purpose of unloading the vascular system. He repeats them according to the facility with which the blood is regenerated, and continues them to the very last stage of the disease: he has often seen venesection revive a patient threatened with instant suffocation. Such evacuations, far from being favourable to the production of symptomatic anasarca, seem, on the contrary, to promote the resorption of extravasated lymph. When this resolution is slow of being attained and distension of the skin is considerable, he makes punctures with a narrow-pointed lancet so deep as to reach the layers of cellular texture, and thus effects a rapid decrease of the swelling. Long experience has convinced him that there is no reason to apprehend the supervention of gangrene; but it is indispensable to the full success of this operation, that the true skin be perfectly penetrated, instead of merely pricking the epidermis with the point of a lancet. To these means are added a light diet and some diuretics to arrest the progress of infiltration: in fine, several compositions of squill and foxglove are exhibited, under the idea of their exercising diuretic and specific influences, by acting on the sensibility of the heart and diminishing the energy of its contractions.

Dr. Lerminier's opinions on some important points of practice have been communicated by himself to our author, in a general way. He treats continued fever by simple diluents,

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* ℞. Mur. hydrarg. gr. xvj. alcohol. ʒss. aq. distil. ℔ j. ℳ et solve. The dose is half an ounce in milk, or a solution of gum arabic, morning and evening; but the mixture of the medicine with the vehicle should not be made till the moment of its being taken, for the purpose of preventing decomposition.

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so long as no particular indication requires being fulfilled. If an assemblage of inflammatory symptoms, a plethoric state exists, he prescribes a general bleeding: if sanguineous congestions threaten to accumulate in any particular part, he checks them by an application of leeches. It is the different kinds of congestion that chiefly engage his attention during the progress of fevers: he often places, with advantage, leeches on the neck or behind the ears, even at an advanced period of bad fevers and when there is great prostration of strength. On all occasions of profuse diarrhœa, he moderates or suspends it by applying leeches to the anus: often, on the employment of this means, the general oppression disappears and the forces rally. When real debility exists, however, he has recourse to tonic, combined with revulsive remedies: the preparation usually employed by him is the watery infusion of bark. He exhibits emetics for the removal of bilious symptoms: he regards such medicines as particularly serviceable in shortening the course of the disease. Sulphate of quinine, in his hands, readily cures intermittents; but, in some cases, he has found it producing nervous agitations. He treats acute rheumatism with general bleeding, which is very often repeated; until, indeed, the cupped crust of the blood is no longer formed, or, at least, has become less distinct. Leeches, in rheumatism, subdue pain in the part on which they are applied; but, according to M. Lerminier's experience, it soon re-appears in another place: this does not happen, he thinks, after abstracting blood from a vein. Frequently, he promotes the resolution of certain pneumonic complaints which shew a tendency to pass into a chronic state, by substituting for simple emollients, a course of mild tonics, especially the decoction of the rattlesnake-root and antimoniated lohocks. In metallic colics (col. pict.) he follows, to its full extent, the ancient treatment of the "Pères de la Charité," (this is described in the last section) and has found it successful in cases accompanied by a manifest febrile movement.

M. Chomel's practice approximates very nearly that of M. Fouquier; only he is a more zealous partisan of the doctrine of fevers and of the use of tonics and stimulants. This physician has established facts and even performed cures, by means of his method of treatment, on which, says M. Ratier, enlightened and impartial practitioners alone have a right to pronounce an opinion.

Hôpital Saint Louis. Persons having cutaneous diseases, and those suffering from scrofulous, scorbutic, and cancerous

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affections, are received into this institution, where, also, public consultations are held and advice given to out-patients, who obtain tickets authorising them, each day, to take baths and fumigations adapted to the nature of their diseases. Its surgical wards are under the management of Professor Richerand and M. Jules Cloquet: to the charge of Professor Alibert, M. Biett, Manry, and Lugol, the medical department is entrusted.

M. Alibert gives a clinical course, every year, on the diseases of the skin; and, on proper occasions, exhibits the most remarkable cases of such affections to the class. Entrusted successively with the charge of the wards appointed for the reception of persons having the itch, the physicians of this hospital have made numerous and diversified experiments with the view of ascertaining the true nature of this disease, and on the various modes of treatment to which it has been subjected. Dr. Manry has undertaken an investigation for discovering what remedy ought to be preferred, with regard to its expense, its effects on the patient's dress, its odour, and its local and general influences. He has made experiments with twenty-two preparations, and each of these on an equal number of individuals; and, by reckoning the length of the treatment in all the cases, he has assigned the mean period as that of each method. From an account of these proceedings, drawn up "with great exactness and talent," by M. Mélier, a house-pupil, our author has extracted divers formulæ and notes which we find scattered through a subsequent section of his work. Now, with reference to this mode of book-making, we must say, that there is little courtesy in it, and still less philosophy: simple prescriptions, a bare exhibition of the composition of drugs, when compared with an outline of scientific pathology, is, in our estimation, a thing exceedingly insignificant.

M. Ratier also professes having derived advantage from a work on itch,* by M. Mouronval, whose experiments were much more extensive, both in the number of patients and the diversity of remedies employed. Instead, however, of instructing us with a sketch of these interesting reports our author contents himself with telling us, "*en passant*," that M. Mouronval formally denies the existence of the acarus scabiei, of the "sarcopte" that succeeds it, and of all psoric animal-

* Recherches et Observations sur la Gale, faites a l'Hôpital Saint Louis, à la clinique de M. Lugol, pendant les années 1819, 1820, et 1821. A Paris, 1821, 8vo.

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cules* whatever. Dr. R. is likewise quite satisfied of M. Lugol's having definitively proved, by numerous and well conducted experiments, that the itch may be cured more or less speedily by stimulants applied to the skin, under the form of baths, fumigations, lotions, and frictions (very good Dr. R. but what are the ingredients?); that it will even yield to baths of aqueous vapour; and, that the internal treatment to which so much importance is attached by some practitioners, is absolutely useless, except in cases where the long duration, the extent, and the intensity of the disease, become a consideration why it ought not to be imprudently suppressed.

Dr. Biett has the charge of patients afflicted with tetters, and has made a multitude of interesting experiments on the different substances employed for the cure of these eruptions: he is also engaged in a course of curious and important researches relatively to epilepsy and some other affections whose obstinacy has often "reduced physicians to despair."

Hôpital des Vénériens.—M. Cullerier and his nephew, with Professor Bertin, are physicians to this institution, in which syphilis and the venereal affections are exclusively treated. Every form and variety of such diseases may be observed in these wards, and they afford moreover the best opportunities of ascertaining the effects of the various means employed for their cure.

Notwithstanding the different forms, says Dr. B. which the venereal disease assumes, the principles of its treatment are and ought always to be the same: we modify them only, he adds according as the affection is primary or consecutive: the local treatment varies according to the symptoms and the different degrees of their intensity. In syphilis, mercury is considered as a specific; and the cases, we are told, wherein it has not succeeded, form exceptions which ought not to weaken the general rule. Experiments made in Spain and Italy, however, have shown that vegetables, especially such as are sudorific, and a warm climate, have removed the disease without the aid of mercury. In combating the primary symptoms, Van Swieten's liquor in doses containing half a grain of the muriate, every day, with barley water, or other diluent drink, constitutes the common treatment in this hospital. When

* This opinion, drawn from observation, is so much at variance with that advanced, from observation also, by M. Galés, that the question must be considered as one of great interest both with regard to medicine and natural history. At no distant period, we propose bringing it under the consideration of our readers.

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patients have obstructions in the chest, or a predisposition to pulmonary consumption; when the abdomen is the seat of some irritation; and, when the liquor determines pain in the stomach with vomiting, M. Cullerier has recourse to mercurial pills or inunction. To persons having secondary symptoms, M. C. exhibits the liquor with success so remarkable, that if the disease resists it and continues making progress, we may conclude there is negligence on the part of the patient in applying the treatment. Frictions are held by M. Cullerier to be an energetic remedy for constitutional syphilis, and he employs them indifferently with Van Swieten's liquor. In inveterate cases, he administers along with this, a sudorific ptisan simply, or sweetened with a diaphoretic syrup: to this he joins bark, or an anti-scorbutic syrup, for persons of a debilitated constitution.

M. Cullerier exhibits the "Tisane de Feltz" (afterwards described) with a degree of success truly surprising; and, on this subject, has accumulated many extremely interesting facts. He prescribes this ptisan when the consecutive symptoms, such as exostoses, osteocopic pains, periostoses, serpiginous pustules, ulcerations of the soft parts, caries of bones and of the cartilages of the nose and mouth, after having yielded several times to the anti-venereal liquor or frictions, continue to reappear. This practice, we are informed, almost invariably produces a cure, even in cases of considerable standing, or at least, when the disease has not occasioned very great morbid alterations. In the hands of this physician, the hydro-chlorates (muriates) of gold and platina have not answered the pompous announcements of their inventors as anti-syphilitic remedies: he has therefore, discontinued their use. If our recollection does not mislead us, M. C's. own opinion regarding the effects of these medicines, must have undergone something like a change. He also esteems the bath, holding a solution of the deuto-chloride of mercury, as a most energetic application for the removal of venereal symptoms: but he does not prescribe it in the hospital, because the mode of administering it requires the greatest precaution. His management of local symptoms is simple, and has little particular in it: it consists chiefly of cleanliness, rest, mild or mercurial washes and ointments, with the potential, and sometimes the actual cautery: his principal reliance is on the influences of a constitutional treatment.

Maison de Santé.—Professor Dubois is the chief medical officer of this establishment. Although principally engaged in

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the practice of surgery, he is consulted by a great number of patients for the relief of internal diseases. He entertains peculiar opinions on certain points of practice, and conceives them to be established by the facts of long experience. In scrofulous, scorbutic, and similar affections, he employs a tonic treatment, and considers salivation produced by mercurial friction as the surest means of subduing inveterate syphilitic symptoms. His opinions, in general, are nearly Brunonian: he frequently uses revulsives, tonics, and stimulants: bleeding is practised by him with an extreme reserve, even in cases where most physicians regard it as indispensable: he rarely prescribes general bleeding in acute inflammation, whether of membranous or parenchymatous organs: on such occasions, he confines his interference, to the application of leeches, followed by blisters.

Hospice de la Maternité.—Professor Chaussier, is physician to this fine establishment, to which access, at least an habitual one, is withheld from students and foreign practitioners. An investigation of the nature of puerperal affections almost constantly engages M. C's attention. Reprobating all systems, he founds the treatment of disease, in his profound physiological knowledge: he uses a very small number of medicines, and prefers those whose properties have been ascertained: his trials of new substances are always conducted with philosophical reserve.

Hôpital Saint-Antoine.—This is one of the most healthy institutions in the capital: it receives persons suffering from acute diseases and those chronic affections that have not a hospital appropriated for their reception. M. Beauchéne is the chief surgeon in this house, and doctors Kapeler and Lullier Winslow the physicians: the former is much engaged with therapeutical researches; and, M. Ratier has been told, employs with advantage the contra-stimulant practice of the Italian school. This method is adopted by a considerable number of practitioners, and there are several hospitals where, in the course of a few hours, 12, 20, 30, and even 40 grains of emetic tartar, are exhibited to one patient, and in a quantity of fluid infinitely small in proportion to the dose of antimony. It is very singular, but not the less true, says M. R. that such patients experience no inconvenience from this treatment; neither do they vomit or manifest any remarkable primary symptoms. The doctor submits these facts to physiological readers, and abstains from expressing his own sentiments.

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Hôpital Necker.—This small establishment, situated at a distance from the centre of the metropolis, is appropriated to the reception of chronic diseases; but was little frequented till M. Laennec, its physician, drew attention to himself and this hospital by his admirable investigation of thoracic diseases, and the new method of examining the state of the chest which he introduced into practice. Dr. L. cultivates with great assiduity the study of pathological anatomy, and makes occasional experiments with contra-stimulant medicine.

Hôpital de la Salpêtrière.—Into this large establishment are admitted females advanced in years, or affected with incurable diseases and infirmities of any kind: women suffering from mental alienation are likewise received into it; but they have separate appartments. The latter part of the institution is under the care of Professor Pinel and Doctor Esquirol, who now, in a great measure, supplies the place of his venerable master: the surgical wards are entrusted to Professor Lallemant, and the infirmary for sick and infirm females to M. M. Rostan and Ferras. Students generally attend the Salpêtrière with the object of investigating the nature of mental alienation, on the varieties of which Dr. Esquirol gives a course of clinical lectures.

This eminent physician employs two sorts of remedies for the relief or cure of intellectual aberration. The one consists of means intended to modify the organ of mind *(the brain)* by the exercise alone of its functions: these he calls *intellectual and moral* agents, the others are *physical*, and are taken from the ordinary resources of the materia medica, and have for their object the fulfilment of different curative indications.

Moral and Intellectual Treatment.—This combines five indications. 1st. To remove the insane from the objects which have excited their disease, and from parents or servants they dislike, or whom they are unwilling to obey. 2nd. To treat them with gentleness; but, at the same time, with necessary firmness. 3d. To arrange them, in the institution, in a manner so as to prevent them from injuring themselves, and also to contribute to their cure: to place the furious at a distance from the other patients: to shut up very agitated persons in obscure or even perfectly dark chambers; and, not to compel those who experience an immoderate heat to cover themselves with too warm or too light garments. 4th. To separate entirely the convalescents from all others, by causing them to pass successively into cells more tranquil in proportion

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to the advances of their cure: to withdraw from these cells, such persons as seem disposed to have a new accession or exacerbation of their malady: and to encourage those, whose reason is not altogether disordered or overthrown, to engage in walking, working, or amusement. 5th. Never to employ, but as means of restraint or punishment only, the strait-waistcoat, confinement in a cell, removal from one division of the house to another, or pumping of cold water; never to have recourse to blows, chains, or harsh measures of any kind: to superintend the first interviews of the lunatics with their relatives and friends: occasionally, to excite intense mental emotions, by a surprise, an alarm, or an unmerited reprimand: to replace one passion by another, religion for love: never to compromise professional dignity by entering into idle discussion with the insane: to guard particularly against exciting them to anger or rage, by directly contradicting their ideas and their passions, or in any other way: to promote social intercourse of the convalescent patients: to exercise the most active vigilance over such as have a tendency to suicide, even for a long time after they *appear* to have recovered from this fatal propensity; otherwise the physician will incur the risk of being made the dupe of dissimulation at once profound and concealed with extraordinary prudence: to watch and isolate patients addicted to masturbation or to "*un vice plus honteux:*" to avoid recalling to the recollection of those who are recovering, the extravagancies of their insanity or any circumstances that give them uneasiness, especially when they themselves are not the first to make such things the subject of conversation: and, in fine, to institute every precaution against the recurrence of causes tending to induce a relapse.

Physical Treatment.—This comprehends the use of hygienic and medicinal applications.

Hygienic Means.—These are,—protecting the insane from the influences of excess in the temperature, and of sudden variations of the atmosphere, by keeping them in apartments properly heated during the winter, and preventing them from going bare-footed into icy water or the snow, and particularly by defending them, in the heat of summer, from the action of the solar rays: washing every day and airing the cells of such as are negligent of cleanliness: securing in their beds, during the night, those who have a mania for lying on the ground, and paralytic patients that throw themselves involuntarily out of bed; or preferably, putting the latter into cribs where they can

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be kept without restraint:—providing carefully that all of them be covered in bed, especially in cold weather, so as to prevent their being frost-bitten in the extremities; nothing is better for this purpose than placing a straw mattrass above the coverlet:—giving, in all cases, one or two baths daily, for the sake of purifying their persons;—cutting off the hair, on all occasions where there is much heat in the head and an habitual state of irritation, when there is congestion in that part, and when, the patient being furious, it is impossible to keep the hair clean:—distributing abundance of wholesome food, four times in the day; and above all, seldom refusing drink or food to the patients, even though they desire it in the night:—exhibiting nutritive clysters to those who obstinately refuse aliment; or, when unavoidable, injecting milk, soup, and sometimes wine into the stomach by means of a proper instrument.

Curative Indications.—Insanity is commonly of long duration: its nature in many instances, at least, is difficult to be understood: the indications of treatment founded on this knowledge are, therefore, almost always difficult to be apprehended, often little or not at all determinate: in the Salpêtrière, scarcely one third of the patients, who present no symptoms of being incurable, are recovered. For these reasons, a physician ought, at all times, to be very circumspect: he should rather refrain from prescribing remedies than run the risk of exhibiting them without indications, and thereby producing effects quite different from those he would desire: he ought especially to guard against being imposed upon by the violence of certain symptoms, and against believing that the cause of the disease has relation to their intensity. In two circumstances only, the physician should act with vigour; at the commencement of the seizure, and when the use of means rationally indicated has been continued so long as to make the incurableness of the malady to be dreaded. When loss of reason has become confirmed; when, after several years duration, it has degenerated into absolute insanity; and, especially, when it is complicated with paralytic debilities, then it will be in vain to persevere in attempting a cure: then, moreover, the physician's chief duty will consist in trying to prolong existence by preventing or removing morbid states of the brain, or other accidents by which the patient's life may be endangered. Let us now briefly consider some of the principal remedies employed by Dr. Esquirol in the treatment of insane persons.

Sanguineous Evacuations.—Bleeding has often been abused,

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in consequence of the physician's confounding a general plethora and congestion of the brain, with the state of frenzy, and his being thus led to believe the possibility of subduing the frenzy by diminishing the mass of blood. In this, however, there is much deception. Plethora and cerebral congestion have characters quite distinct from those of frenzy or furious insanity: they often exist independently of the latter, and it is altogether vain to expect being able to subdue permanently a furious lunatic by bleeding him to the utmost: the insane often become more frantic after losing blood, and they only cease to be so when forcibly restrained. Paroxysms of maniacal frenzy run the same course, with or without sanguineous depletion: but when there exists a genuine plethora or a state of cerebral congestion, especially at the beginning of the disease, there should be no hesitation in abstracting blood, by cupping, leeching, or a general bleeding. When suppression of an habitual sanguineous discharge has taken place, the two former remedies are to be applied near the parts which were the seat of such periodical evacuation.

Baths.—Tepid bathing; the cold seldom is employed in the Salpêtrière: it has many advantages in tranquillizing symptoms in the insane.

Douches.—This term means purifying or dashing cold water over the body. The practice is rarely adopted, and never without the greatest circumspection, particularly when there is violent head-ache, or excessive heat in the head. It is oftenest used for overcoming patients who have taken some fatal resolution, as for instance to destroy themselves by hunger. Cold affusions on the head are very tranquillizing and may be made without danger. In cerebral congestions, bleeding from the jugular vein or leeching of the neck is preceded by a tepid bath wherein the patient is immersed for a determinate period, during which refrigerant applications are placed on the head.

Emetics.—In certain cases of oppression and insensibility with dejection and irritability, vomiting has beneficial effects by the shock it communicates to the general system; but it ought to be produced with the greatest caution, on account of the determination of blood to the head which almost always prevails in insanity.

Purgatives —They are generally indispensable, both as the

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means of overcoming constipation, which is a symptom of the highest importance and should never be neglected, and of establishing a salutary derivation (of the humours, we suppose) to the intestinal canal.

Derivatives.—These, directed towards the bowels and the skin, are in frequent use, and very advantageous in the greater part of mental alienations, especially such as succeed parturition: in these cases, purgative lavements and diaphoretics are preferable.

Moxas, Blisters, Setons.—Several cures have been effected by the application of moxa to the head: in one instance, it excited fatal inflammation of the brain: often after its use, the disease remains unchanged. Nearly similar results are obtained from applying the actual cautery. Setons in the neck, and blisters have been employed on the same principles and with the same precautions.

Narcotics.—Such remedies are rarely useful at the commencement of insanity: often, they induce no effect whatever; and, when they do procure sleep, they leave the delirium unabated.

General Means.—Acidulous drinks are given liberally to the patients: mucilaginous and nitrated ones, during the period of irritation. Mild tonics are exhibited when it is found requisite to support the vital forces: medicine, in fine, is administered according to the general rules of therapeutical science.

Here we must stop for the present. In our next number we shall conclude the picture of the Parisian Hospital practice.

VII.

Illustrations of Acoustic Surgery. By Thomas Buchanan, C.M. &c. Surgeon to the Hull Dispensary for Diseases of the Eye and Ear, &c. &c. 8vo. pp. 118, several plates, London, 1825. Price 9s. 6d. boards.

The two master organs of sense, the eye and the ear, have deservedly attracted more attention from surgeons than those of any of the other senses. Of the two organs abovementioned,

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however, the eye and its diseases have taken the lead—not from the greater importance of sight than of hearing (the *former* is decidedly of less importance than the *latter*) but because the diseases of the eye are more numerous, and they are more within the reach of surgery. What control, for instance, have we over organic affections of those parts of the auditory apparatus which lie within the petrous portion of the temporal bone, compared with the power we possess in regard to diseases of the humours and coats of the eye?—Still, acoustic surgery is an important branch—and we even find that a whole periodical Journal is to be dedicated to that branch alone. This is probably carrying the thing "ultra fines."

Mr. Buchanan's "Guide to Acoustic Surgery" having been favourably received by the heads of the profession, and by the public at large, the author has been induced to bring forward his "Illustrations" of the same subject, with the hope that they will prove of considerable utility to the surgical profession. The work is divided into eight chapters, to which are added a set of formulæ, and a nomenclature of the diseases of the ear. We shall exhibit a short analysis of some of these chapters to our readers.

1. *Injection of the Meatus.* The ear is to be exposed to the rays of the sun—that is, if there be any sun-beams—and the meatus drawn outwards, or stretched so as to bring the membrana tympani distinctly into view. But after sunset, or in dark cloudy weather, it is very difficult to see to the bottom of the ear, and consequently to ascertain the condition of the membrana tympani. On this account, our author constructed an apparatus capable of concentrating the rays of a candle into the meatus, and by that means illuminating the tube and membrana tympani. A plate of this apparatus is given, to which we refer the reader; as no verbal description would suffice. This inspector or illuminator might be employed, our author thinks, with advantage, for inspecting the vagina and os tincæ —or any deep cavities whatever.

5. Passing over three short chapters on probing, and syringing the meatus, and wounds of the auricle, we come to Chap. V. on the mode of extracting extraneous substances and indurated wax from the meatus. The extraneous substances are generally beads, pebbles, or small nuts. When the foreign body is small, the best mode of extraction is by injections of tepid water.

"For this purpose, the point of the syringe ought to be pressed gently against the edge of the meatus, so that it may occupy as little of

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the diameter of the tube as possible, and when the injection arrives at the membrana tympani the counter current will be formed there, which will force the bead or substance outwards. If the substance be rather large, it may perhaps remain at the entrance of the meatus, whence it ought to be extracted by means of a pair of forceps." 40.

Some aurists recommend that beads should be extracted by the forceps; but Mr. Buchanan has succeeded by means of tepid injections *alone*, "sometimes after other surgeons had failed, when using both forceps and probe." He recommends a pair of slender and well-tempered forceps, with teeth on the inside of the points, for extracting extraneous substances of wood, &c. when lodged high up in the tube, and near the membrana tympani. When insects, worms, or vermin, lodge in the meatus, "the best mode of extraction is by means of an injection of the infusion of tobacco, which will speedily destroy them, and allay the irritation in the tube." The parts ought to be washed immediately afterwards with an injection of tepid water, and a few drops of oil of almonds, poured into the tube, to prevent the patient catching cold after the warm injection.

"When the meatus is filled with wax, the patient complains of diminution of hearing,—sometimes deafness,—various noises in the ear affected,—particularly when masticating.

"The patient sometimes complains, that after yawning, or some other expansion of the jaws, he hears a sudden noise in the ear affected, similar to a 'crack,' and that immediately afterwards his hearing is restored, but that the noises still continue. On inspecting the ear, the interior parts of the meatus will be found occupied by a large mass of wax, which blocks up the tube and obscures the membrana tympani, except at the superior part, where the wax is detached from the tube, leaving in general a horizontal gap. It is through this aperture that the undulations of sound reach the membrana tympani, and thence the vibrations are communicated to the nervous fasciculi.

"The hearing becomes in a little time, however, gradually more indistinct than formerly; great diminution of hearing, and, shortly afterwards, deafness itself, are the never-failing consequences of inattention to the above symptoms.

"On inspecting the parts, the nature of the complaint may be easily ascertained, by the appearance of a large mass of wax, which blocks up the tube, excludes the view, and impedes the vibrations of the membrana tympani.

"I have frequently found that patients affected with this complaint, had been in the habit of stopping up the mouth of the tube with cotton or wool, which, by some means or other, had been forced inwards, and thus formed a nucleus to the indurated cerumen.

"Surgeons are sometimes in the habit of extracting wax from the

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meatus by means of the end of a silver needle or probe; a practice which is certainly reprehensible, because of the danger which may be incurred to the membrana tympani by any sudden motion of the head of the patient.

"The following method of extraction will be found to be fully more expeditious, and far more safe, than that of rashly groping in the tube with pointed instruments of any kind.

"The ear complained of should be inspected, and if it appears to be partially filled with wax, a syringful of tepid water, of about 90° Fahrenheit, should be thrown into the meatus, and the thumb clapped on the mouth of the tube immediately after the point of the syringe is withdrawn. The injection ought to be kept in the meatus about three or four minutes.

"The auricle is then to be wrought backwards and forwards, and sometimes elongated, and, by these means, the wax will be loosened from the sides of the meatus.

"Another syringful of tepid water should then be thrown inwards, with more force than the preceding; and this latter injection usually issues out more or less tinged with wax, and frequently brings along with it small bits of that substance, tough and hardened.

"In this manner the operator must proceed with the tepid injection, until the meatus be cleared of the whole of the wax, and the sides of the tube, and the membrana tympani be visible on inspection. In some instances the wax acquires a degree of hardness and tenacity, which would scarcely be credited by those who are unacquainted with the diseases of the ear.

"In these cases, the injection though thrown in frequently, yet seldom (for a length of time at least) forces out the chief cause of complaint, which on inspection is found to consist of one solid mass of hardened wax; which, if it should be loosened, or partially reduced by the repeated ablutions, is perhaps only removed from its original position to be fixed in the middle of the tube, where it bids defiance to the streams of tepid water which issue from the meatus. It is therefore sometimes necessary to apply the auricular forceps to extract these hardened masses, when they are near the mouth of the tube." 49.

6. *Deafness from imperfect Secretion of Wax.* The treatment of this complaint requires discrimination and perseverance in the practitioner. Patients with this affection complain of noises—of a dry rustling sound, particularly during mastication—sometimes ringing noises in the head. There is no acute pain in the ear, but often a dull sensation—at times a total remission of all the above symptoms.

"In the 'Synoptical Table of the Diseases of the Human Ear', this complaint forms the *Genus Imperfectum*, which is divided into three species: viz.

"1st—When the wax is deficient in *quantity*.

"2nd—When deficient in *quality*, and

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" 3rd—When deficient both in *quantity* and *quality*.*

" In the *first species* the secretion of wax is sometimes so extremely small in quantity, that it is only by a full view and careful inspection of the parts that the secretion can be ascertained to exist; and, even then, it is seen merely to tinge slightly the interior parts of the meatus: but, however small the quantity may be, the quality is good. Patients who are affected with this species usually hear tolerably well in clear fine weather, and when the general health is good, but are apt to be affected with the least irregularity of the atmosphere, which, when dull, moist, or cloudy, causes considerable diminution of hearing.

" As the acuteness of hearing is generally restored on the change of the weather, the patient pays little attention to the symptoms, perhaps for a number of years, until the disease becomes so far confirmed that he is sensible of great diminution of hearing, at times approaching to deafness. He is then alarmed, and applies for medical assistance, which if not immediately successful, often causes great uneasiness, which tends to retard the cure.

" In the *second species* the secretion is more plentiful than in the first, but frequently so altered in colour and quality, as to form two varieties, viz.

" 1st—When it is of a whitish colour and thin—similar to a solution of gum acacia.

" 2nd—When only a few of the glands secrete the cerumen, so that we often find small patches of insulated wax distributed in the interior parts of the tube, of a rather darker colour than the healthy secretion.

" This variety has a peculiar tendency to harden; and, when the secretory powers of the glands are active, the cerumen forms into distinct lumps, but generally in one large mass.

" When diminution of hearing proceeds from indurated wax, the interior part of the meatus is almost always found blocked up with one large mass; but yet we find that a small quantity of secretion, similar to the second variety, will sometimes considerably diminish the hearing, especially when it lies close to, or upon the membrana tympani.

" In the *third species* the tube is found clean and dry; and if the meatus can be inspected, so as to obtain a full view of the parts, the membrana tympani will appear clear and shining. The meatus is also liable to be affected with scurvy, when the cuticle frequently becomes so dry as to be easily detached in small pieces, similar to the scales of a fish. The integuments are sometimes swollen, and of a reddish blue colour." 60.

In these three species the cerumenous glands are diseased—and the great object is to restore their healthy action. The *first species* admits most readily of cure, viz. by increasing the

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" * The particular species may always be determined by a careful examination of the meatus."

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action of the glands in the meatus, by warmth and stimulating applications. Two drops of the following formula are recommended to be applied to the interior of the tube every night at bed time.

℞. Acid. pyrolig. [acid. acet. fortius.]
Spir. ætheris sulph.
Ol. terebinth. rect. āā part. æqual. misce.

At the same time he recommends a dose of vinum colchici going to bed every night. The state of the bowels are to be carefully attended to.

In the *second species*, the quality of the secretion is to be altered, and often the quantity augmented. The insulated wax should be removed, and the healthy action of the glands excited.

The *third species* sometimes arises, our author thinks, from cold, as bathing when there is some perspiration on the body. The water having free access to the meatus, the vessels of this part are probably stricken torpid, and the power of healthy secretion impaired. Diminution of hearing ultimately follows this torpid state of the tube. Great care must be taken in the treatment of the second and third species, to put the chylopoietic viscera in order. For this purpose our author recommends a bitter aperient, and antacid mixture, composed of infusion of quassia, rhubarb, and magnesia, twice or thrice a day. The patient should be kept, if possible, in a dry and clear air, where there is no marsh effluvium. Proper exercise, so as to increase the action of the skin, is very necessary. The warm bath at bed time—and afterwards a dose of the pulv. ipecac. compos. with two or three grains of calomel. By the way, we think the dose of pulv. ipeca. comp. (20 grains) is rather large for a nightly allowance. Two grains of opium should not be given, under ordinary circumstances, to a patient every night. Our author has known several instances of this third species of deafness caused by exposure to cold when under the influence of mercury for syphilis, and where the complaint resisted every means of cure until the mercurial influence was again excited. The following injection for the ear, in this complaint, is given by Mr. Buchanan:

℞. Acid. pyrolig. ʒij.
Aquæ distillat. ℥vj. injectio.

"When the practitioner wishes to stimulate the parts, the injection ought to be made every time it is applied, and the point of the syringe held at the distance of about five or six inches from the auricle. The fluid should then be forcibly injected into the meatus, and by this means effervescence will take place, which if confined to the tube will produce more beneficial effects than ten times the quantity of the same fluid *poured* into the meatus." 65.

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Blisters behind the auricle are sometimes very beneficial.

7. *Polypi in the Meatus.*—This frequently takes place subsequently to inflammation of the meatus, especially where a scrofulous diathesis obtains. The recent polypus consists of a soft, spongy, reddish-coloured substance, lubricated with a thin fluid secreted by the diseased cerumenous glands and the excrescence. In process of time the tumour acquires a considerable degree of tenacity in its structure, and the secretion becomes purulent, the surface of the tumour having ulcerated. The tumour is connected by a peduncle or stalk to the parietes of the tube, or to the edge of the membrana tympani. Sometimes, however, the neck is as large as the body.

"There is only one complaint to which the meatus is liable, that may be mistaken for polypi, and that is, tumefaction of the cerumenous glands.

"These glands are sometimes so much enlarged that the meatus is completely blocked up, and the patient rendered deaf during the continuance of the complaint. When the parts are in this state one or two of the glands are generally more enlarged than the others, which gives them the appearance of a polypus tumour.

"In order to ascertain the nature of a complaint with these appearances, (should inspection fail) the practitioner ought to endeavour to introduce a probe around the enlargement, and if it be polypi the probe will pass freely around the tumour.

"But if he be unable to pass the probe, except on one side of the tumour, or in the centre of the meatus, and the enlargement be dry, extremely tender to the touch, and the surrounding parts participate in the swelling and inflammation, he may then be assured that the disease is not polypi, but tumefaction of the glands and integuments of the tube." 71.

These polypi will sometimes continue for years, without much other inconvenience to the system than deafness and a puriform secretion, especially where much cleanliness is observed; yet it is at all times a formidable disease, as the external parts of the ear are apt to get disorganized. Hence it is an imperious duty on every practitioner to annihilate, if possible, this excrescence as soon as the situation and size of the neck of the polypus can be ascertained.

"The best method of destroying polypi in the meatus, (in my opinion) is, to extract it by the root, by means of forceps, and afterwards touch the parts with an escharotic or stimulating application.

"Some practitioners prefer caustic instead of the forceps; but when the tumour is large and subjected to this mode of operation, the process is tedious, the pain often excruciating; and besides these disagreeable circumstances, the surrounding parts generally suffer from the destructive power of the caustic.

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"It is for these reasons that I prefer the mode of extraction by the forceps; and for this purpose I have been in the habit of using a small pair slightly curved, similar to those of plate III, fig. 5.

"With this instrument I can lay hold of the neck of the tumour more readily than by any other means. Before endeavouring to extirpate the polypi, it will be necessary to ascertain exactly the situation of the origin of the excrescence: and for that purpose a careful examination of the parts will be absolutely necessary. The inspection may be accomplished in the rays of the sun, or by means of the inspector auris, and the auricular probes.

"When the site of the origin of the polypi has been accurately ascertained, and the patient seated as directed in the other operations of the ear, with the head well secured, the operator should then lay hold of the auricle with the left hand, and bring the meatus in a line with the rays of the sun, or those emitted by the inspector auris; and with the forceps in his right hand he should then introduce the instrument cautiously into the tube (with a blade on each side of the tumour) until he has got hold of the cervix.

"He should then grasp the forceps firmly, and give the instrument a half turn, and at the same time pull towards him; and by this means the tumour will in general be torn from its origin and conveyed out of the meatus." 75.

The parts being very vascular, sometimes a considerable quantity of blood is lost after extirpation—a loss more alarming than dangerous—more salutary than injurious. In recent polypi our author has frequently succeeded in destroying the excrescence by touching the tumour slightly with a camel-hair pencil dipped in the tinct. ferri muriat. renewing the application once daily till they were destroyed.

8. *Purulent discharge from the Meatus.* Inflammation of the meatus is too generally neglected by the patient, or improper remedies employed. Hence ulceration is the frequent consequence. Our author makes three species of inflammation of the meatus, viz. Pain *without* diminution of hearing—pain *with* diminished hearing—and pain with diminished hearing and discharge.

"*Symptoms.* The symptoms, in the *first species* are few: namely, tenderness of the parts—uneasy sensations in the meatus, accompanied with a greater or less degree of pain, according to the state of the inflammation.

"In the *second species* the pain is generally more acute than in the first, and accompanied with diminution of hearing—meatus reddish coloured—integuments and cerumenous glands swollen, so as to contract the diameter of the tube, the orifice of which is sometimes almost impervious. The closure of the meatus is caused by the tumefaction of the cerumenous glands and integuments.

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"In the *third species* the symptoms are in general not quite so severe as in the first or second; but there is a discharge of purulent matter, in addition to pain and uneasy sensations in the meatus.

"The pulse is in general quicker than usual, accompanied sometimes with rigors and other symptoms of fever, which quickly subside on the formation of matter; but if the patient be costive these symptoms are heightened, with general uneasiness and pain in the parts.

"The cerumenous glands participate in the change, and the secretion is gradually altered into thin, yellowish matter—sometimes of a greenish hue; and if the discharge should continue for a length of time, without any attempt being made to relieve the patient, it soon acquires a fetid, disagreeable smell; erosion of the integuments takes place, and great part of the tube is converted into an ulcerated surface.

"The discharge accumulating and lodging in the interior depression of the tube, sometimes causes a considerable diminution of hearing, especially in patients of a scrophulous diathesis, where the matter is in general thick and curdled, or thin, acrid and mixed with blood." 84.

The causes are various—irritation from extraneous substances—cold, &c.

Treatment. In the first species leeches should be clustered round the ear, and the purgative medicines exhibited.

Where suppuration has taken place, and consequently where there is a discharge from the meatus, the ulcerations should be healed as soon as possible, lest the surrounding parts should be irreparably injured. The tube should be washed out four or five times a day, with tepid milk and water; and a bitter aperient saline medicine exhibited. Few recent cases will resist this simple treatment, if carefully employed, and the patient kept confined to his room. But exposure to the air, in this state is liable to produce violent inflammation. If the patient cannot be confined, the tepid injection should be discontinued, and a dilute solution of nitrate of silver (one grain to ℥x. of distilled water) or sulphate of zinc, used. When there is considerable diminution of hearing, as well as purulent discharge, our author gives mercurial preparations, with opium and antimony till the constitution is slightly affected. Our author also experienced very good effects, in many cases, from the use of iodine, and thinks it may often be advantageously substituted for mercury.

Among his dispensary patients, however, Mr. Buchanan was obliged to seek for a remedy "that should cure the discharge in a moderate space of time, and restore the hearing *instantaneously*."

"After a careful investigation of the properties of various medicines, applicable to the treatment of Inflammatio Suppurata; and after-

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watching their effects on patients affected with this disease, I was so fortunate as to find one, which though extensively used for mercantile and chymical purposes, had as yet never been administered for the cure of diseases of this organ.

"In a very obstinate case of purulent discharge from both ears, with considerable diminution of hearing, that had been submitted to a variety of medicines, without any permanent benefit, I was induced to try a weak mixture of Pyrolignous Acid, in the form of an injection, and found it to surpass my most sanguine expectations in diminishing the discharge, and almost *immediately restoring the hearing*.

"In a few days the patient (a female) on whom the experiment was made, was agreeably surprised to find that she could distinguish whatever was spoken to her, though pronounced in the softest whisper. The discharge was entirely divested of its fetid smell, and gradually diminished in quantity, and the patient was relieved from a very disgusting and offensive complaint.

"I have made repeated trials of this injection, and find it succeed in restoring the hearing in every case of purulent discharge, accompanied with diminution of hearing; and I may venture to say that a more valuable medicine than that of Pyrolignous Acid has not been introduced into acoustic surgery either in this or the last century." 97.

Cases in illustration are related by our author, for which we refer to the work itself. The form of the injection is given a few pages back, and it is to be varied in strength, according to circumstances. The mode of applying it is, first to wash out the parts with tepid water, and then to inject the fluid, so as to be directly applied to the abraded or ulcerated surface. The effects produced by this injection are, first giddiness, succeeded in a few minutes by an agreeable warmth—sensation of lightness in the head—and then a restoration of hearing. During the use of this injection the bowels should be kept open.

We have thus given a condensed view of Mr. Buchanan's little work, which we think will prove useful to the professed aurist, as well as to the general practitioner. It is necessary, however, that the plates should be consulted in order that the surgeon may derive the utmost advantage from the operative portion of the work, and the inventive genius of its author.

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VIII.

Report of the Epidemic Cholera, as it has appeared in the Territories subject to the Presidency of Fort St. George, drawn up by Order of the Government, under the Superintendence of the Medical Board. By WILLIAM SCOT, Surgeon, and Secretary to the Board. Quarto, pp. 350. Madras, 1824, with a Map of the Peninsula of India.

——————— Wasteful, forth,
Walks the dire Power of pestilent disease.
A thousand hideous fiends her course attend,
Sick Nature blasting, and to heartless woe
And feeble desolation casting down,
The towering hopes and all the pride of man!

THE first reports of this unparalleled scourge, even at the distance of half our planet from us, caused a considerable sensation in this country. There was then no idea of its ever approaching Europe. It has since pushed its advanced guards to the shores of the Black Sea—and it is far from impossible that it may yet spread its destructive ravages from the banks of the Ganges to the banks of the Thames. The late endemic of the Penitentiary, indeed, bore no very faint resemblance to some of the forms of the Indian Cholera, and may possibly have been a harbinger of that dreadful disease.

The report before us is on a similar plan, and constructed of the same kind of materials as the reports from the Presidencies of Bengal and Bombay. "A mass of information has thus been furnished which leaves to the writer of this report little else than the labour of selection and arrangement." As the present report comes down some years later than the reports from the other presidencies, and as the subject of Indian cholera has not been taken up in this series of our Journal, we shall endeavour to convey to our readers a pretty full account of this voluminous document, which can only be known in this country through the medium of periodical publications.

The history of the Indian cholera is not very extensive. An attempt is made indeed to trace accounts of the disease to the mythological writers of Hindoo antiquity, but with very little success. We shall only quote one of these antique gems of Indian medicine. "The *vishuchi* is most rapid in its effects; its symptoms are, dimness of sight in both eyes—perspiration

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—sudden swooning, loss of understanding—derangement of the external and internal senses—pains in the knees and calves of the legs—griping pains in the belly—extreme thirst,—*lowness of the bilious and windy pulses*—coldness in the hands, feet, and whole body." Here then we see that *vomiting and purging* (the two most constant symptoms of Indian—or any other cholera) are not mentioned—and consequently there is but very little probability that the description at all applies to the disease under consideration.

It appears very clear, however, that in the time of Bontius, [1629] the cholera was well known in India. His description is incorrect, as to the *incessant and copious discharge of bile*—and so is his etiology of the disease.

"Besides the diseases above treated of as endemic in this country, the cholera morbus is extremely frequent; in the cholera, hot, bilious matter, irritating the stomach and intestines, is incessantly, and copiously discharged by the mouth and anus. It is a disorder of the most acute kind, and, therefore requires immediate application. The principal cause of it, next to a hot and moist disposition of the air, is an intemperate indulgence of eating fruits; which, as they are generally green, and obnoxious to putrefaction, irritate and oppress the stomach by their superfluous humidity, and produce an æruginous bile. The cholera might, with some degree of reason be reckoned a salutary excretion; since such humours are discharged in it, as, if retained, would prove prejudicial. However as by such excessive purgations the *animal spirits are exhausted, and the heart, the fountain of heat and life is overwhelmed with putrid effluvia, those who are seized with this disorder generally die, and that so quickly, as in the space of four and twenty hours, at most.*" iv.

Bontius no where gives a clear account of these *bilious* evacuations. He speaks, indeed, of æruginous bile, but like many others of more modern date, he described what existed in his imagination, rather than what passed before his own eyes.

Next comes Dr. Paisley, in 1774, who dwells on the putridity and acrimony of the bile, without favouring us with any account of the exact colour, taste, or other quality of the evacuations themselves. He speaks of the cholera, however, as being often *epidemic*. Sonnerat, whose travels embrace the period between 1774 and 1781, speaks of a disease on the Coromandel Coast, resembling, in all respects, the late cholera. He mentions it as an *epidemic which reigns*, and states that in one visitation of this disease, "above sixty thousand people, from Cherigam to Pondichery, perished."

In 1781, there appears to have been a pretty extensive spread of the epidemic cholera, as noticed by Jameson in the Bengal report. In 1782, Mr. Curtis gives the best description of the

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disease that had ever been published, and his writings have been made fully known to the profession through the medium of the remarks made on them many years ago, by Dr. James Johnson, in his work on Tropical Climates. Curtis and Girdlestone have, with their predecessors, fallen into the same error respecting bile. They describe it as flowing in great abundance, and attribute it to the spasms and other phenomena —and yet it was all in imagination? In rummaging over the manuscript reports of this period, Mr. Scot has found descriptions of the disease by Dr. Duffin, Mr. Davis and others—all harping on the old erroneous bilious theory, but all proving the existence of the malady. In 1813, Dr. Johnson published his work, and first denied the etiology and pathology of the disease as maintained by all the writers above alluded to. The correctness of his statements has been amply confirmed by the late epidemics, as well as the justice of his strictures on preceding authors—though these strictures were considered, at that time, as both visionary and heterodox. From that period till the breaking out of the late epidemic, only incidental notices of the disease have been taken.

Our present author, after objecting to any definition which may tend to keep up the bilious etiology of the disease, proposes the adjunct asphyxia, instead of epidemic, biliosa, &c. The *sinking* or arrest of the pulse is a more constant feature in the higher grades of cholera than any other, and on this account he wishes to designate it as *cholera asphyxia*. The charge of pleonasm lies as much against this as against cholera morbus—asphyxia and morbus being both substances and both diseases. And again, asphyxia clearly denotes *privation* not *sinking* of the pulse.* We shall not quarrel with Mr. Scot, however, about the name of the disease, though the *name* has often (as indeed in cholera itself) led to erroneous ideas both in etiology and pathology. To the common or mild forms of the disease, our author, in the following work, applies the term cholera biliosa—to which we have no objection, while *biliosa* is made to appertain to the description *solely*, and is not to include any etiological idea.

"*Symptomatology.* This most formidable disease does not appear to be attended by any premonitory symptoms which can be regarded as being at all peculiar to it; on the contrary, we may safely assert, that it is of sudden invasion: for, though a slight nausea, a laxity of the bowels,

* If the term be adopted, the asphyxia should be rendered into an adjective. Thus asphyxia cholera, would surely be more proper than cholera asphyxia.

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and a general feeling of indisposition are often found to precede cholera, yet these symptoms are evidently common to many acute diseases; and they are especially frequent in this climate without being followed by any graver ailment. When such symptoms are found to precede cholera, they might with more truth be regarded as indicating merely a certain deranged state of the alimentary organs, a condition of the body which certainly predisposes a person to an attack of cholera.

"The invasion of cholera generally takes place in the night, or towards morning. The patient is sick at stomach, he vomits its contents, and his bowels are at the same time evacuated. This evacuation is of a nature quite peculiar to the disease; the entire intestinal tube seems to be at once emptied of its fæcal or solid matters; and an indescribable, but most subduing feeling of exhaustion, sinking, and emptiness is produced. Faintness supervenes, the skin becomes cold, and there is frequently giddiness, and ringing in the ears. The powers of locomotion are generally soon arrested; spasmodic contractions, or twitchings of the muscles of the fingers and toes are felt! and these affections gradually extend along the limbs, to the trunk of the body. They partake both of the clonic and tonic spasm, but the clonic form chiefly prevails. The pulse, from the first, is small, weak, and accelerated; and, after a certain interval, but especially on the accession of spasms, or of severe vomiting, it sinks suddenly, so as to be speedily lost in all the external parts. The skin, which from the commencement of the disease, is below the natural temperature, becomes colder and colder. It is very rarely dry; generally covered with a profuse cold sweat, or with a clammy moisture. In Europeans, it often partially assumes a livid hue; the whole surface appears collapsed, the lips become blue, the nails present a similar tint; and the skin of the feet and hands becomes much corrugated, and exhibits a sodden appearance. In this state, the skin is insensible, even to the action of chemical agents; yet the patient generally complains of oppressive heat on the surface, and wishes to throw off the bed clothes. The eyes sink in their orbits, which are surrounded by a livid circle: the cornea becomes flaccid, the conjunctiva is frequently suffused with blood: the features of the face collapse; and the whole countenance assumes a cadaverous aspect, strikingly characteristic of the disease. There is, almost always, urgent thirst, and desire for cold drinks, although the mouth be not usually parched. The tongue is moist, whitish, and cold. A distressing sense of pain and of burning heat at the epigastrium are common. Little or no urine, bile, or saliva is secreted. The voice becomes feeble, hollow, and unnatural. The respiration is oppressed, generally slow; and the breath is deficient in heat.

"During the progress of these symptoms, the alimentary canal is very variously affected. After the first discharges by vomiting and purging, however severe these symptoms may be, the matter evacuated is always watery, and in a great proportion of cases, it is colourless, inodorous, and often homogeneous. In some, it is turbid, resembling muddy water; in others, it is of a yellowish or greenish hue. A very

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common appearance is that, which has been emphatically called the 'conjee stools,' an appearance produced by numerous mucous flakes floating in the watery or serous part of the evacuation. The discharges from the stomach, and those from the bowels, do not appear to differ, except in the former being mixed with the *ingesta*. Neither the vomiting nor the purging are symptoms of long continuance. They are either obviated by art, or the body becomes unable to perform these violent actions; and they, together with the spasms, generally disappear a considerable time before death. If blood be drawn, it is always dark, or almost black, very thick, ropy, and generally of slow and difficult effusion. Towards the close of the attack, jactitation comes on, with evident internal anxiety and distress: and death takes place, often in ten, or twelve, generally within eighteen or twenty hours from the commencement of the attack.

"During all this mortal struggle and commotion in the body, the mind remains clear, and its functions undisturbed almost to the last moment of existence. The patient, though sunk and overwhelmed, listless, averse to speak, and impatient of disturbance, still retains the power of thinking, and of expressing his thoughts, as long as his organs are obedient to his will. Such is the most ordinary course of cholera asphyxia, when its tendency to death is not checked by art.

"A favourable issue is denoted by a rising of the pulse, a return of heat to the surface, inclination to natural sleep, and a diminution or cessation of vomiting, purging, and spasms: these indications being succeeded, after an interval, by the reappearance of fæcal matter in the stools, of bile, of urine, and of saliva." xxi.

Cholera, like other diseases, has presented considerable variety of symptoms. It is curious and important, however, to remark, that varieties in this complaint are not so much observable in different individuals during an epidemic season, as "in what may be termed, *local epidemic visitations.*" Thus, when the disease appears epidemically in a town or district—in the lines of a corps—or the camp of a marching regiment, it may, on one occasion, be distinguished throughout by the paucity of vomiting and the prevalence of purging—or, *vice versa*, spasm may be very predominant in one instance of invasion, and, at another time, it may be little observable. A frequent variety, and the worst of all, is the apparently slight commotion in the system, as evinced by vomiting, purging, pain, spasms, &c. while, on the other hand, a mortal coldness, with arrest of the circulation, comes on from the beginning, and the patient dies without a struggle. This has frequently manifested itself as the prevailing type, and was almost invariably fatal. Fortunately, this dreadful type has seldom lasted long, at any one time; but generally changed into a milder form, or disappeared altogether.

The vomiting, though, generally speaking, a prominent

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symptom, was entirely wanting, not only in many individuals, but in whole visitations. The purging was a more constant symptom than the vomiting. It was rarely wanting. In respect to the nature of the discharge from the bowels, "by far the most common appearance is that of pure serum, so thin and colourless as not to leave a stain on the patient's linen." Again. "The reappearance of fæcal matter, *especially if tinged with bile*, seldom, perhaps never takes place till the disease has been subdued."*

Spasm. No symptom, common to the disease, was more frequently wanting than spasm of the voluntary muscles. It was more frequent in Europeans than in the native patients—and in the robust of either than in the weakly. In the low and most dangerous forms of cholera, spasm was seldom seen. The muscles most commonly affected were those of the toes and feet, and the calves of the legs. Next to these, the corresponding muscles of the upper extremities were affected—then those of the thighs and arms—last of all the muscles of the trunk. "It has been also remarked, that spasmodic twitchings of the muscles have taken place *after death, and have continued for a considerable time.*"

Collapse. Of all the symptoms of cholera, none were so invariably present—none, our author thinks, so truly essential and diagnostic, "as the immediate sinking of the circulation." The period at which the marked diminution of vascular action took place was somewhat various. The pulse sometimes kept up tolerably well for several hours—though rarely. It more generally became small and accelerated at an early stage—and, on the accession of spasm or vomiting, suddenly ceased to be distinguishable in the extremities. The length of time in which patients sometimes lived in this pulseless state, was

* The following passage in Dr. Johnson's work was ridiculed at the time it was published, as quite a perversion of intellect.

"I appeal to every unbiassed mind—nay, to prejudice itself, whether I have not now proved the truth of that heterodox position with which I set out—namely, that '*an increased secretion of bile*,' so far from being the *cause* of cholera morbus, is, upon the whole, *a favourable symptom*; and, in the very worst cases of the disease, (mort de chien for example,) *it is entirely absent.*"—*Edition*, 1813.

This, as we observed above, was considered as the paradoxical ravings of a theorist. We leave it to the profession how far its truth has been proved by subsequent observation in India. And we are quite certain that accurate observation of the phenomena of cholera *in this country* will prove that the diseases differ only in degree, and not in their essential nature.—*Reviewer.*

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quite extraordinary. Dr. Killet relates a case where the pulse disappeared three hours after the commencement of the attack, and yet the patient survived three days in that condition!

"On the cessation of the spasm or vomiting, and sometimes, apparently, from the exhibition of remedies, the pulse will return to the extremities for a short time, and again it will cease. The superficial veins and arteries are not always collapsed, even when the pulse has ceased. If these vessels be opened in this condition, the contained blood flows out; their walls then collapse, and no more blood can be extracted. There is no authenticated fatal instance of cholera on record, where the circulation has not been arrested, in the extremities at least, long before death took place." xxv.

In the whole of the reports there was but one *apparent* exception to this. We say *apparent;* for we doubt that the disease was cholera at all. It was more probably a *coup de soleil.*

Thirst. This and a sense of burning in the region of the stomach, were generally connected together, and very prominent and constant symptoms of cholera. Yet there were exceptions, not only in individuals, but even in epidemic irritations. When thirst was present, it seemed to subdue all other feelings, and the ignorant soldier, as well as the medical man, who firmly believes that cold water is almost certain death, alike eagerly seek and swallow it. Two melancholy instances are recited, where medical officers have exerted their last and utmost efforts to reach, unperceived, even the water of the bathing tub—so intolerable are the pangs of this cruel thirst!

Skin. The state of the surface is such as might be expected from the state of the intestinal canal and the subdued circulation. It is cold, generally clammy—and often covered with profuse cold sweats. In this respect, however, there were varieties. The skin is sometimes observed to be dry, though cold—sometimes of natural, nay, of preternatural warmth. An increase of temperature was repeatedly observed to take place just before death—confined, however, to the trunk and head. In almost all cases this *partial* development of heat was found to be a fatal symptom. It was entirely unconnected with any restoration of arterial energy, or improvement in the function of respiration. The skin, when much collapsed, becomes insensible, even to the action of chemical agents—hence, the usual vesicatories fail in producing any effect.

"It is certain, that in a body *but just dead*, the application of boiling water will vesicate readily; and, if the accuracy of the observation

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respecting its non-vesicating power in advanced stages of cholera be established, we must infer, that there is less vitality in the skin in such cases, the patient being still alive, than in that of a body *recently* dead of some other disease." xxvii.

At a very early stage of cholera leeches could procure little or no blood from the skin.

Countenance. That remarkable shrinking of the features, which acquired the emphatic term of "true cholera countenance," appeared in every case not quickly cut short by medicine. This expression of countenance, which conveys too truly that of death itself, could not be mistaken—and it was evident that a similar shrinking took place throughout the limbs and all projecting parts of the body. The eyes not only became dim, and vision imperfect, but an actual film was sometimes seen over the cornea. The abdomen was sometimes tumid, but much more frequently drawn towards the spine.

Sensorial Functions. These, as has been already observed, were surprizingly free from disorder, as compared with other vital functions. In this respect, cholera bears a considerable affinity to tetanus and even hydrophobia.

Recovery. "When medical aid is early administered, and when the constitution is otherwise healthy, the recovery from an attack of cholera is so wonderfully rapid, as perhaps to be decisive of the disease being essentially unconnected with any organic lesion." Among the natives, this rapidity of recovery was more remarkable than among the Europeans, where there was, of course, a greater proneness to inflammatory diathesis. The most frequent sequelæ of cholera, were affections of the intestines, brain, liver, and stomach.

Urinary Secretion. This, like all the other natural secretions, appeared to be very generally suspended. When not so, the urine was commonly limpid and clear, though in very small quantity—"a curious phenomenon, considering the probable state of the blood under such circumstances." The reappearance of this secretion, when it had been suspended, was always a most favourable omen:

State of the Blood.

"No symptoms of cholera are so uniform in their appearance and progress, as those connected with the blood and its circulation. Al-

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though the reports, in general, afforded ample reference to this point, it still appeared to the Medical Board to be one of such importance in the pathology of the disease, that a circular letter was addressed to about thirty Medical Officers, who were supposed, from their experience in the treatment of it, to be best qualified to afford information. Attention was especially directed to the following considerations: first, the influence which the state of the blood, in those affected with cholera, might be supposed to have in producing some of the symptoms: second, the colour of the blood abstracted from a vein in a person affected with cholera: third, the colour of the blood after a certain quantity had been taken, and the effect which any alteration of colour might have on the condition of the patient: fourth, if arteriotomy had been practised, the colour of the arterial blood in cholera: and, lastly, the period, from the first attack of the disease, at which blood was abstracted. It is established by the replies to this letter, as well as by an immense mass of concurrent evidence, that the blood of persons affected with cholera, is of an unnaturally dark colour and thick consistence. These appearances are very uniformly expressed by the terms, dark, black, tarry, in regard to colour; and by thick, ropy, syrupy, semicoagulated, in respect to its consistence. The change in the condition of the blood is likewise fully proved to be in the ratio of the duration of the disease; the blood, at the commencement, seeming to be nearly, or altogether natural, and more or less rapidly assuming a morbid state as the disease advances. Some very rare cases are recorded where, however, this morbid state of the blood was not observable, although the disease had been for some time established: and instances have occurred where the blood flowed readily, sometimes little altered, where, nevertheless, death ultimately ensued. The abstraction of blood has been found by all practitioners to be very difficult and uncertain; and the uncertainty has been variously imputed to the feebleness of the circulation, to the thick consistence of the blood, and to the combined operation of these causes. The blood drawn from patients suffering under cholera, is stated to be generally very destitute of serum, never to exhibit the appearance of buff, and to be generally disposed to coagulate quickly. Several instances, however, have occurred, where the coagulation was slow and imperfect. A great majority of the reports state unequivocally that, after a certain quantity of dark and thick blood has been abstracted from a patient under cholera, it is usual for its colour to become lighter, its consistence to become less thick, and for the circulation to revive: such appearances always affording grounds for a proportionably favourable prognosis. In many instances, however, no such changes have been observed to accompany the operation of bleeding, while yet the result was favourable. The blood is generally found to be less changed in appearance in those cases of cholera which are ushered in with symptoms of excitement, than where the collapsed state of the system has occurred at an early period. The blood has been occasionally found, on dissection, to be of as dark a colour in the *left*, as in the *right* side of the heart; affording reason to believe that in the

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whole arterial system it was equally changed. The temporal artery having been frequently opened, the blood was found to be dark and thick, like the venous blood; but it would appear that this operation has not been performed in general, until the attempts to procure blood from the brachial or jugular veins had failed: little or no blood could be obtained, the artery merely emptying itself in a languid stream, not in a jet, and then collapsing. An instance is stated where the surgeon, despairing of other means, cut down upon the brachial artery, but so completely had the circulation failed, that no blood flowed. When reaction has been established, the blood occasionally shews the buffy coat." xxx.

Terminations of Cholera. It was the declared opinion of many practitioners who had to cope with this disease, "that its tendency to death was so great as never to be counteracted by the unaided efforts of Nature." The same opinion was no less evidently implied by the observations of *all*, "that the delay of but a few hours placed the patient beyond the reach of art—for hours in this disease were as days in any other." There were not wanting, men who, from a train of unfortunate cases, or affectation of singularity, maintained that remedial agents had no power over the disease, and that recoveries were owing to Nature, not to art. This opinion, we think, is negatived by the clearest evidence. Among the natives, where remedial aid was not procured, or ignorantly applied, recovery was rare indeed. The Ameen of Ganjam wrote thus:—"the people who get the cholera morbus never recover—death to them is certain." The resident at Hydrabad stated "that he feared every case treated by the natives proved fatal." The family of a wealthy Nair, in Travancore, consisting of 19 people, were all, save one, cut off in a few hours. Another family of five all died. Mr. Searle, at Manantoddy, stated that, of 28 villagers attacked with the cholera, 26 died. The other two recovered by his assistance. "Death may, therefore, be said to be the ordinary termination of cholera."

Diagnosis. This is not very difficult. Our author divides the disease into two species—that which appears *with*, and that which appears *without* bile. We have no hesitation in affirming that these are only two *grades* of the same affection. They appear cotemporaneously in the same epidemic—in the same regiment—nay, in the same family.

Post-mortem Appearances. These have been very extensively ascertained in the bodies of Europeans; but in a very limited degree in the bodies of natives, from the strong preju-

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dices against dissection. The post-mortem examinations so generally practised in Anglo-Asiatic hospitals were attended with some disadvantages, owing to the heat of the climate, and the necessity of interring the corpse a few hours after death—thus leaving very little time for minute investigation of diseased structure. These disadvantages, however, are not without some advantages. The circumstances above stated rendered it necessary that necroscopic examinations should be commenced almost immediately after the vital spark became extinct—a matter of no mean importance in pathology. But it ought to be borne in mind that "dissections have been chiefly made on the bodies of European soldiers—a class of men acknowledged to be peculiarly liable, in this climate, to visceral disease of all kinds." Under these circumstances, as Mr. Scot properly observes, dissection reports should be viewed with care, in reference to the general state of morbid bodies—and with the most attentive consideration of the precise import of the terms employed. We shall give a general view of the *post-mortem* researches of our Indian brethren, in the words of Mr. Scot himself.

"The external appearance of European subjects, who have sunk under cholera, closely resembles that which has been noticed as taking place during life. The surface is livid, the solids are shrunk, the skin of the hands and feet is corrugated. There seems no sufficient evidence of any uncommon tendency in the body to putrefaction after death, nor of any characteristic fœtor from the abdominal cavity. No particular morbid appearances have been found in any of the cavities of the body, which are lined with *serous membranes*, or in these membranes themselves. The cavities of the pleura, of the pericardium, and of the peritoneum, have almost uniformly been found in a natural state; or the deviations from that state have manifestly had no connection with cholera. The surfaces which are lined, or covered with *mucous membranes*, have, on the contrary, very generally exhibited signs of disease. These will be noticed, as the organs connected with them come to be mentioned.

"The lungs have not unfrequently been found in a natural state, even in cases where much oppression of respiration had existed previously to death. Much more generally, however, they have been found either to be gorged with dark blood, so that they have lost their characteristic appearance, and have assumed more that of liver or spleen; or they have been found to be in the opposite state; that is, collapsed into an extremely small bulk, and lying in the hollow on each side of the spine, leaving the cavity of the thorax nearly empty. This appearance has been so remarkable as to induce Dr. Pollock, of H. M's. 53d regiment, to conceive, that it could only be produced by the extrication of a gas within the cavity of the pleura, capable of overcoming the atmos-

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pheric pressure. It is understood, however, that opportunities were had of piercing the thorax of the dead body under water, and that no gas was extricated. As there appears to have been an absolute vacancy in the cavity of the pleura, that is to say, the lungs did not by any means fill it, it would seem that that viscus had exerted a contractile power, adequate to overcome the pressure of the atmosphere. The blood found in the lungs has been always very black. The heart and its larger vessels have been found to be distended with blood, but not so generally as the apparent feebleness of their propelling power, and the evident retreat of the blood to the centre, would have led us to expect. The right auricle and ventricle being gorged with blood, is nothing peculiar to cholera; but some dissections have shewn the left cavities to be filled even with *dark* or *black* blood, which we may reckon as a morbid appearance more peculiar to it. In the abdominal cavity, the peritoneal coverings of the viscera, being *serous membranes*, present in general but little deviation from the healthy state: occasionally, indeed, the morbid accumulation of blood in the vessels of the viscera, imparting an appearance of turgidity and blueness, is evident on their exterior surfaces. We also find them bearing marks of inflammation, especially where the patient may have lingered long before death. In other cases, the whole tube has had a blanched appearance, both externally and internally. The stomach and intestines generally preserve their ordinary volume. The appearance of the omentum is not sensibly affected in cholera. The stomach is found to be so variously affected as to destroy all grounds for pathological reasoning. It is very rarely found empty or much contracted after death, nor has any appearance of spastic stricture of the pylorus been often detected. It has, however, sometimes occurred. Its contents appear to be chiefly the ingesta in an unaltered state: in some cases, greenish, or yellow, or turbid matters are found. The stomach has been said to have been found 'lined with calomel.' Various appearances, either of active inflammation, or a congested state of the vessels, have been noticed, sometimes in one part, and sometimes in another. The parts seem as if they were sphacelated, thickened, softened, and friable; and, in short, exhibit so great a variety of appearances, from a perfectly natural state to the most morbid, that no particular light is thrown by them on the disease.

"The intestinal tube is sometimes collapsed, but oftener found to be more or less filled with air; distended in some parts into bags or pouches, containing whitish, turbid, dark, or green-coloured fluid: and, in others, presenting the appearance of spastic constriction. The latter, however, is not common. No fœcal or other solid matters are found in the intestines; but, very commonly, large quantities of the conjee-looking fluid, or of turbid serous matter. The duodenum, and, occasionally, the jejunum, have been found loaded with an adherent, whitish, or greenish mucus; at other times they have been found seemingly denuded of their natural mucus: and often perfectly healthy. Traces of bile in the intestines, or of any substance apparently descended from the stomach, are exceedingly rare. Sanguineous congestion, and even ac-

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tive inflammation, are stated to be more common in the bowels than in the stomach; but, on the other hand, instances are very numerous where no such indications have been detected. The thoracic duct is stated to have been empty of chyle. The liver has been commonly found to be gorged with blood, but not always: it is an organ usually very vascular: and it would probably demand a nicer discrimination than has been bestowed on the subject, to distinguish the degree of congestion in which it is naturally left by the settling of the blood after death in ordinary diseases, from that which has been observed after an attack of cholera. The gall bladder has almost universally been found to contain bile, and, in the great majority of cases, even to be completely filled with it. As is usual with this secretion, in cases of retention, it is of a dark colour. Very different states of the gall ducts have been described: cases of constriction and impermeability, seeming to be equally numerous with those of an opposite character.

"The urinary bladder is found, we may say universally, without urine, and very much contracted. The lining or mucous membranes of the bladder and ureters have been found coated with a whitish mucous fluid. The smallness of the bladder after death has been generally adduced in proof of great spasm: but it is not unfrequently found to be equally small after death from other diseases: and it seems the nature of that organ, when it contains no urine, to contract, so as to leave no cavity. Dr. Baillie, in his morbid anatomy, thus notices this fact. 'The bladder is also found contracted to such a degree as hardly to have any cavity. This is generally not to be considered as a disease, but simply as having arisen from a very strong action of the muscular coat of the bladder previously to death.' The appearance of the spleen, which is so various under the ordinary conditions of the body after death, has indicated nothing that can be mentioned as belonging to cholera. The vessels of the mesentery have been very generally found to be uncommonly full of blood.

"In the head, appearances of congestion, and even of extravasation, have been frequently observed; but not so uniformly nor to such extent as to require any particular notice. Only one case has been given where the state of the spinal marrow was examined: and, in that, indications of great inflammation were detected in its sheath: the case, however, was, in some degree, a mixed one.

"From this general view of the appearances found on the dissection of the bodies of persons who have died from cholera, it is manifest that the information thence derivable, is, in a pathological view, of a negative nature only. It is nevertheless of consequence, in a practical sense, especially in treating the sequelæ of cholera." xxxiv.

Ratio Symptomatum. It has been seen that the *natural functions* are all, in turn, disordered—but no one *invariably* so. Of the *vital functions*, that of the heart and blood-vessels may, he thinks, be stated to be *invariably affected* in the asphyxic cholera. The function of the lungs must suffer, of

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course, along with that of the heart. This last inference is proved by the state of the blood, which has been already described—and the reduction of temperature. The animal and the sensorial functions appear to be least of all affected in this disease. It has been shewn by dissection that the *serous* membranes are not necessarily affected in cholera; but that the *mucous* membranes, including the skin, are, in some part or other, invariably affected. There is no proof, Mr. Scot thinks, "that all the glandular secretions, as has been commonly supposed, are *entirely* suspended in cholera." "It is the concurrent opinion, however, of all medical men who have treated cholera, that the natural secretions, if not absolutely suspended, are, at least, very greatly interrupted." While this is the case, there are other discharges established, with the nature of which we are but little acquainted. We have no chemical analysis of the fluid thrown out by the skin, the stomach, or the intestines—and we cannot say whether it be a morbid secretion peculiar to the disease, or merely an increase of the natural secretions. We need not detail Mr. Scot's further observations on the ratio symptomatum. They all go to shew, in our opinion, that a deadly sedative agent presses on the vital organs, especially the nervous and vascular systems, suspending or deranging their functions. The subordinate links in the chain of causation are of minor importance. They must depend on the great primary morbid impression on the systems abovementioned.

Predisposing Causes. All accounts agree that the young, the healthy, and the robust, were the least liable to cholera. People, on the other hand, who had been debilitated by disease, or by the remedies employed for the removal of disease, were unusually susceptible of the epidemic. One attack was far from conferring on the patient an immunity from a second. On the contrary, it seemed rather to give a greater predisposition to it. The *exciting* causes were the same as excite most other diseases, as errors in diet, fatigue, atmospherical vicissitudes, depressing passions, &c.

It is proved by the various reports that the cholera has appeared, and was equally virulent, during all states of the atmosphere—amidst all diversities of the surface of the country—and under every variety of the circumstances of the people. It was found, however, that a corps under march, ran a greater risk of being attacked by cholera, than a corps in quarters. This was evidently not so much owing to the fatigues and privations of the journey, as to the traversing certain inauspicious

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spots. There is no instance on record, of a ship from Europe having a single case of the disease, until she communicated with the land:—but there are many examples of cholera appearing on board of ships sailing from the continent of India. This in itself, is a proof either that the disease is produced by terrestrial influence or contagion. The latter is very improbable. But more of this anon.

Influence of the Atmosphere. It is abundantly proved that cholera has not been confined to any particular tract of country or period of time—although it has been infinitely more prevalent at some periods and places than at others. The disease has been capable of exerting its influence in every state of atmosphere, so far at least as is evident to our senses or determinable by instruments. It has now continued for nearly seven years, during which time it has spread to China in the east, the Mauritius in the south—to Persia and Turkey in the west. There is nothing hitherto ascertained respecting cholera which can enable us to fix the limits of its range.

"We are thus furnished, on one hand, with arguments to prove that the cause of cholera exists in the atmosphere; and, on the other hand, with no less powerful reasons for thinking, that the morbific influence may be something arising from the soil, not generally and equably diffused through the air. Ships arriving in the Indian seas ought to suffer under the epidemic influence of the air, if such influence really existed; but, it is certain, on the contrary, as already stated, that no instance has ever been recorded of the crew of a ship suffering from cholera, until the vessel had come into communication with the land." xxxix.

A change in the electricity of the atmosphere, especially a diminution of it, has been assigned by Mr. Orton as the immediate cause of cholera. According to this gentleman, the electric fluid is the great agent of life—the primum mobile of the brain and nervous system. This idea is already quite obsolete, and ever had but a very limited number of supporters.

"Now, though we have certainly not been able to ascertain by experiments, the precise electrical state of the atmosphere during attacks of cholera, it is sufficiently manifest, that the disease has raged with equal violence under every sensible condition of the weather: and in fact, a great number of the attacks have taken place, when the sky was clear and serene, and when every appearance indicated an undisturbed state of the electrical fluid. But, if a deficiency of electricity be the true and sole proximate cause of cholera, which the theory upholds, it seems objectionable to limit its influence to epidemic attacks: for each individual case, whether sporadic or otherwise, must be equally the effect of this proximate cause. Sporadic cases have, however, been too

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numerous, and too uniform in their occurrence, for some years past, to warrant the conclusion, that they are connected with any particular state of the electricity of the atmosphere." xli.

Of sol-lunar influence—damaged rice, &c. we need not here speak. The latter is clearly not the cause of cholera—and of sol-lunar influence, as a cause of this dreadful epidemic, there is nothing like proof.

Contagion. "If this question," says our author, "could have been decided simply by the opinions of a majority of medical men, it would have been already set at rest *against the doctrine of contagion* or infection"—"for there are few subjects, perhaps, on which so little diversity of sentiment has existed." Still there were a few who advocated the contagious nature of cholera, and our author has deemed it necessary on that account to go into the question rather minutely—more so, indeed, than there was occasion for, in our humble opinion. "It is not contended," says our author, "by those who embrace the doctrine of infection, that cholera has not arisen spontaneously, as well at the present as in former times; nor is it considered that this circumstance affects the question." Their doctrine then is that of contingent contagion—which narrows the question very much. Indeed we see so many diseases, as for instance erysipelas, taking on an occasional character of contagion, that it would probably not be safe to deny, *in toto*, the possibility of contingent contagion in the epidemic under consideration. We cannot here enter into the facts and arguments, pro and con, which Mr. Scot has arrayed in opposition to each other. The question is far from being definitively decided either way—though the preponderance of the anticontagionist arguments is overwhelming.

Proximate Cause. We know not the proximate cause, that is, the *intimate nature*, of any disease—or hardly of any disease—and that of cholera morbus is not likely to prove an exception to the general rule. We shall therefore dismiss the subject at once, and proceed to one of more importance.

Treatment. In no disease has the sovereign efficacy of numerous specifics been more vaunted—in none have they been more frequently inefficient, than in cholera. While the general tendency of the disease was almost invariably towards a fatal termination, there was yet a certain stage, at which its progress might, in very many instances, be arrested by the most opposite, and sometimes by the most trifling remedies. The earliest movements in cholera, especially as it first manifested itself,

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were generally confined to irritation of the stomach and bowels —" and in this stage it is unquestionable that the mere exhibition of an anodyne, a cordial, or an antispasmodic medicine was sufficient, in numberless instances, to stop the progress of the disease, and to effect a cure." After the first epidemic sweep, however, of the cholera, it was universally acknowledged by practitioners, that the remedies so successful in their former practice, were almost totally unavailing in the subsequent visitations.

Opium. No medicine has been so universally used as this, and none, perhaps, has so generally retained its reputation. It was more successful, however, among the natives than among the Europeans, from their greater susceptibility to the action of medicines.

" While, as an anodyne and antispasmodic, the efficacy of opium in the cure of cholera has been proved by experience to be great, it is painful to be obliged to acknowledge, that in many apparently promising cases, where, even, its narcotic effect was evident, it had no ultimate effect in warding off a fatal termination: and in the advanced stages of the disease, whether it was first exhibited at that period, or whether its use may have been begun earlier, and then continued, its efficacy in restoring the depressed or suspended functions, like that of all our other remedies, is extremely uncertain. Those cases may, with most confidence, be chiefly trusted to the effect of opium, in which the primary symptoms are seated, apparently, in the stomach, as indicated by vomiting, and spasmodic pain in that region; and in the intestines, as indicated by violent purging, and painful contractions of the abdomen. Its effects are more uncertain, where the affection of the stomach is obscure; where there is a moderate, but insidious purging; where there is great sense of heat in the epigastrium, and in every case where collapse has come on." lv.

Passing over æther, ammonia, spirits, wine, and other diffusible stimuli, we come to

Calomel. This was almost as universally given as opium, and as indiscriminately. It was administered for various indications, and with various views, according to the practitioner's opinions respecting the nature of the disease. Mr. Scot does not appear to be favourable, on the whole, to the administration of calomel, at least in the early stage of cholera.

" The success of those practitioners, who did not use calomel in the primary treatment of cholera has been fully as great as that of those, who did: while the arguments, distinctly brought forward by various Medical Officers against its *early exhibition*, appear decisive against the

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observations which have been offered in support of the practice. Calomel has unquestionably a powerful effect in exciting the biliary system, and in this view, its exhibition is highly necessary: but the suppression of the excretion of bile being only a link in the common chain of symptoms, and its partial, or occasional removal, or even its total absence, having been proved to be of little consequence in the general course of the disease, to attempt to excite it by particular means may be considered as premature and injudicious. Whenever a favourable change takes place, indicated by the renewal of the *ordinary* functions, then the exhibition of the appropriate stimulus seems to be clearly indicated, and not till then." lvii.

Blood-letting. This remedy was first proposed by the editor of this Journal, from observing its effects in one or two sporadic cases of cholera in the island of Ceylon, more than twenty years ago. It will be seen, from the following extract, that it has been an important measure of late, in the treatment of this terrific malady.

"The abstraction of blood, unless as an anti-spasmodic, is a remedy so little indicated by the usual symptoms of cholera, that its employment in the cure of this fatal disease has afforded a signal triumph to the medical art. It requires no common effort of reasoning or reflection to arrive at the conclusion, that, when the powers of life appear depressed to the lowest degree, the pulsation of the heart all but extinct, the natural heat of the body gone, and the functions of the system suspended and incapable of being revived by the strongest stimulants, the abstraction of blood might yet prove a remedy against a train of symptoms so desperate. Bleeding was, no doubt, first employed in cases where there was much spasm, and where the powers of the system had not much declined: the relief was generally obvious and immediate, and the practice in such instances was thus established. Dissections having frequently shewn a loaded state of the vessels of the viscera, and apparent inflammation of their mucous membranes, venesection was also adopted to obviate these conditions, and naturally enough: but the employment of bloodletting, without reference to either of these states, and as a remedy for collapse in cholera, must have been the result of reasoning and reflection, founded on the general principles of the science; a result highly honorable to the profession; and, as we shall endeavour to shew, of the utmost practical importance in the cure of the disease.

"We have no precise information regarding the manner, in which venesection was performed in general; although, in such a disease, this seems a matter of very considerable consequence. It is remarkable, that in a disease like cholera, syncope should be so rare a symptom. When it is brought on by venesection, it is generally favourable, which may most probably be imputed to its being employed during violent spasm, and before any sinking has taken place. We can then readily under-

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stand, that the free evacuation of blood, which may be supposed to precede the syncope, as well as that state of relaxation itself, will be followed by amendment: but there is no information, which can lead us to believe, that syncope has often followed the abstraction of *small* quantities of blood, or that success had followed small bleedings. The usual expression is, that after a scanty discharge of blood, it ceased to flow, and that depression of pulse, with *faintness*, not *syncope*, came on, or was increased. We are not informed, whether bleeding has been generally performed in the recumbent, or half erect posture. It is evident from the reports, that the mere act of elevating the body has been followed by faintness and even death: and if venesection has been often attempted in the half erect posture, we may thence account, in some measure, for the frequent want of success in obtaining blood.

"Few remedies, on a fair trial, have been more generally and unequivocally advocated than free bloodletting: and the most that has been urged against it is, that it is not always successful. The advocates for bleeding proceed, however, on the principle, that a certain quantity of blood is to be obtained, in order to ensure success, which few of them estimate at less than about 30 ounces. Those, who are disposed, either less favorably towards bleeding, or to condemn it altogether, object, that if the circulation is in a condition to admit of free bleeding, the case is a mild or favorable one, and would probably yield to other remedies. There is no doubt, that fatal collapse has sometimes suddenly followed, even *large* bleedings, which has staggered the faith of many practitioners in the general safety of the remedy; but, in the great majority of cases, it is after *small* bleedings that this has happened. There is the most ample evidence also, that cases, especially in Europeans, even under the most favorable appearances, will often, in spite of all internal and external remedies, go on to a fatal issue, when bleeding is not practised.

"The cause of collapse coming on after, or during bleeding, in cases of cholera, may perhaps be explained, so as to obviate the objections thence arising against it as a remedy in that disease. It seems unquestionable, that the evacuation of a small portion of blood, such for instance, as we might suppose to be yielded by the remoter branches of vessels, is followed by increased debility: but if we succeed in carrying on the evacuation, till its effects reach the internal vessels and the heart itself, *then* the circulating system seems to be freed from an oppression which impeded its functions, and it becomes equal to the task of propelling the mass of blood. This is a species of indirect excitement. The powers are not raised, but the resistance, or weight is lessened. Such is the theory, which has been adduced in support of bloodletting in cholera. The reader will be aware, that it is not new; its application to the particular disease, of which we are now treating, being the only novelty. *If the theory be true, the presence, or the supervention of collapse, so far from deterring us from going on, should only be regarded as additional reasons for renewing our efforts to get blood.*" lix.

In proof of this, a great many testimonies are brought for-

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ward, drawn from the Journals of medical officers, after which Mr. Scot goes on thus :—

" Besides the very ample evidence, which will be found in the printed reports, in favour of bloodletting as a remedy in cholera, the opinions of the majority of Medical Officers whose observations are not inserted, are also decidedly in its favour. The objection chiefly urged, is not against the practice, but rests on the too frequent impracticability of procuring a sufficient quantity of blood. It is acknowledged, even by the most zealous of its advocates, that this difficulty has often occurred, and proved insuperable. When, however, the operation is performed with the moral conviction, that, if successful in obtaining blood, the life of the patient will most probably be saved, the operator will persevere, undiscouraged, in his efforts: he will call in every suitable aid, such as frictions, bathing the arm in hot water, re-opening the orifices of the vessels, administering stimulants, and external warmth. He is not deterred and induced to desist by any intermediate accession of debility, or collapse; nor, is he tempted to rest satisfied with any temporary melioration of pulse: his object goes beyond the present moment, and he feels satisfied, that if he can fully unload the internal vessels, he will save his patient, and if he fails, that he will most probably lose him. It is not considered to be of much importance whether the patient may have been bled before or not, if his present symptoms indicate a repetition of the operation. The principle is, that collapse, in cholera, is not the consequence of the loss of blood, but is a condition which nothing but its abstraction can be trusted to for relieving. In the second case, however, when the medical man is not decided in his own mind, obstacles will be allowed to subdue his fortitude, and arguments will be thence deduced to dissuade him from perseverance. A sudden aggravation of the symptoms of collapse will be regarded as an effect of a remedy, at least doubtful; or, a transient return of vascular action will be held, either as a sufficient advantage gained, or as an indication that bleeding is no longer required. It is thus we may account for a vast number of ineffectual, because undecided attempts at bloodletting; and for a vast number of unsuccessful results, when the quantity abstracted falls short of that, which is required: for the volume of the blood must be reduced in a given proportion, in order to secure the effects expected from it. Any thing short of this will only take away from the patient's strength, and not augment the motive powers of the circulating system; or what is the same thing, will not diminish the resistance to the motive powers.

" Cholera is unquestionably a very dangerous disease, and so many circumstances concur in aggravation of its natural fatality, that we can scarcely hope that any mode of treatment will ever be devised which shall strip it of its formidable character. Much injury has arisen, however, from remedies being brought forward, and tried, as if they were absolutely specific and infallible. And amongst others, bloodletting has been put to this most unjust, and unphilosophical test. If strictly considered, it would, perhaps, be the least of all entitled to the appellation

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of a specific remedy; for in truth, there is great reason to doubt, whether it be directly curative of the essential symptoms of cholera. Its warmest advocates only consider it as an auxiliary, and never trust to it, but in combination with other, and which indeed appear to be, the strictly appropriate remedies. Congestion, for which alone it is indicated, appears merely to be a symptom or consequence of that morbid state, which forms the first and highest link in the train of cholera actions. The removal of congestion, which is mechanical, allows the heart to respond to the action of the other remedies. Should it be objected, from a consideration of some dissections, that no particular congestion had taken place, the blood appearing to be equally diffused over the vascular system; and that in some instances, the circulation, though ultimately affected, seems to retain its powers for a time, without material depression, yet, even in such cases, venesection, by lessening the volume of the blood, may still have beneficial effects, We should certainly apprehend no danger from it in cases of this description, used, *as it ought invariably to be, in conjunction with the other remedies.*" lxi.

These other remedies were principally antispasmodics and stimulants. Of the various means, internal and external, not yet enumerated, it is quite unnecessary to speak. Hot applications to the skin had far less effect than might have been expected from the deadly coldness of the surface, and torpid state of the extreme vessels.

The great body of the work is occupied with a digested history of the progress of the disease, in different places and in different corps—with numerous reports from individual medical officers—and with tabular returns, &c. all of which will be read by the profession in India, with great interest; but would be out of place here. The work, upon the whole, is creditable to the judgment and industry of the author, and entitles him to the thanks of his brethren, Asiatic and British.

IX.

A Manual of Pharmacy. By William Thomas Brande, F.R.S. &c. &c. Octavo, pp. 556. London, 1825.

To whom is the name of Brande unknown? To none who are either conversant with science or literature! Mr. Brande seems to have thought differently, and, as if he were one of the most obscure, has attached to his name no less than ten honorary appendages, being a regular enumeration of the offices which he fills, and of the societies which claim him for a member.

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We conceive this to be in bad taste, and still worse judgment. It is a general and increasing practice with the members of the medical profession, to append to their names every little imaginary distinction which they may enjoy. We have long wished for an opportunity of expressing our sentiments on it, and of exposing its absurdity, and we thank Mr. Brande for the occasion his name affords us. The subject is less trifling than some of our readers may suppose, since it involves the judgment and respectability of numerous individuals.

The medical authors of this, or of any other age, may be conveniently divided into three classes. *First*, those of almost universal celebrity; *2dly*, men, perhaps equally gifted, but from age, situation, or other circumstances, less known; *3dly*, others altogether unknown beyond their circle, who write, not because they have a name, but to gain one. With respect to the first, to which Mr. Brande himself decidedly belongs, it is almost superfluous to state that they are physicians or surgeons to the King or Royal Family, attached to large hospitals, or are professors or public lecturers, for the world knows these facts well: but when they go farther still, and detail every petty circumstance connected with them, they render their titles ridiculous by such minuteness. What is it but the officiousness of men who are fearful they are unknown, forgotten, or unappreciated? What should we think of that man's sense who inscribed on a title-page "*Willium Shakspeare, Esq. F.A.S. of Stratford-on-Avon;*" or "*John Milton, A.B.;*" or "*Alexander Pope, A.M. and formerly President of the Literary Society of Twickenham*?" Can human folly extend farther than to obscure names which will for ever live, by adding to them common distinctions, indifferently bestowed on the talented and the worthless, the learned and illiterate? Are not the cases parallel? Who need be told that Brande is a professor, and member of various learned societies? or that Sir Astley Cooper is an hospital-surgeon, and Sir Henry Halford a physician to the King? If, however, justly celebrated men will append honorary distinctions to their names, let these be worthy of them; we only complain of those which are unworthy, because conferring no honour and easy of attainment. We are much pleased with the naked simplicity of a great name, and think it degraded by adventitious aids;—but this is a matter of opinion only. Neither Celsus nor Scipio Africanus requires an adjunct; they stand, unsupported, in isolated grandeur, mocking petty epithets.

In regard to the second and third classes, undoubtedly it is absolutely incumbent on them to place something after their

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names to inform the world who they are, and what have been their advantages; but when they descend to trifles they egregiously commit themselves. What then are the distinctions (the word is used conventionally) which medical authors of every rank may proclaim on their title-pages without a violation of taste and of judgment? Doctorates of medicine, memberships of surgical and medical colleges, official appointments to large hospitals or similar institutions to the blood-royal, professorships, public lecturers, fellowships of the Royal Society, Surgeoncies, or higher situations in the public service. Farther, or lower, no medical man can go, without raising a smile at his weakness. Who cannot but lament that a respectable man, deserving well of his profession, should gravely communicate to the public, that he was once a "President of the Medical Society of Edinburgh," or "a physician's clerk!" that he is now an "F.L.S." or "F.A.S." and "M.R.I.A." "Member of the Medico-chirurgical Society," or of the "United Physicians," or of several provincial societies, such as Hull, Manchester, or Newcastle! Happy individual to be so distinguished! Who cannot but smile, when an ingenuous youth confesses in his title-page, or preface, that he is a very young man, imperfectly educated,* an hospital mate, assistant-surgeon, or something still lower or humbler? What a recommendation to his readers! Did it never strike this very candid writer, that silence might have perpetuated a higher opinion of him; that had he withheld these too amiable weaknesses, he might have passed for a greater man? Do we recommend duplicity to authors? By no means! The public is capricious, easily swayed by name or rank, and no man ought to injure himself, and prejudice his readers against his book, by puerile acknowledgments.† It is the book, not the man, which is to be judged; let that book stand or fall by its own merits, but let it not suffer from the culpable candour of its author. Candour, excellent as it is, ceases to be a virtue, when it tramples upon common prudence and good sense. Do we treat with disrespect these humble situations? or the various literary societies? Certainly not! We think highly of them, we warmly recommend them; but we affirm they do no honour to medical men, and ought not to be officiously obtruded on the public eye. They are matters of course, and nothing more:—every reader gives a medical man credit for belonging to some of them,

* A fact! The author is now venerable and well known.

† The names of writers are concealed from delicacy; they are all before us.—*Rev.*

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and demands no written proof. We are exceedingly anxious, that authors should appear before the world, in strict accordance with correct taste and sound judgment, seeking to exalt, and not to depress themselves;—thus imitating Julius Cæsar, who, when he fell basely murdered in the senate, carefully wrapped his robe around him, that he might fall, and die gracefully. Let it not be said, as far as our profession is concerned, in the words of the great moralist Johnson, that "*little things make little men proud.*" Every medical man cannot be great; Nature is too much of a niggard in her favours, and Fortune too sportive in her behests; but every one may imitate greatness, conduct himself with propriety and dignity, and confine himself within the precincts of taste and judgment. The world, however capricious at first, is generally ultimately just; never yet did any author attain an undeserved elevation without, at last, finding his level; and never did genius or learning fail to reach its goal, when malevolence and injustice were forgotten. Ponder on the fate of Darwin;—once he blazed like a meteor; where is he now? Gone to the "vault of all the Capulets;" no longer quoted; remembered only to "point a moral, or adorn a tale." Turn we to the lot of Sydenham. Nature was his guide, observation his polar star; opposition dogged his steps: theories clashed against his truths; yet he triumphed, and his name is eternal.

Mr. Brande, in his introduction, has explained his intentions so well, that we shall extract a part of it, and supply the remainder with a few comments.

"In a MANUAL of CHEMISTRY, originally published in the year 1819, I have endeavoured to present the reader with a compendium of the principal facts of that science, arranged in the order in which they are discussed and illustrated in the Lectures delivered in the Laboratory of the Royal Institution. The object of the present work is to furnish the student with a corresponding outline of the Course of Pharmacy annually given at Apothecaries' Hall.

"Under the term Pharmacy I include all that relates to the Medical and Chemical History of the different Articles of the Materia Medica; to the mode of prescribing them; to their effects; to their composition: these therefore are the subjects to which I have almost exclusively confined myself in the following pages; and, it is hoped that they will be found so treated as to facilitate the progress of the medical student in a branch of his profession generally much neglected, and often imperfectly taught in the schools.

"Consistently with the plan of my Lectures, I have adopted the list of the Materia Medica, and of the Preparations and Compounds, sanctioned by the Royal College of Physicians of London, and published in their Pharmacopœia, as the basis of this work, and have endeavoured to

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divest my remarks upon them of all details, except such as I conceive likely to prove practically useful."—*Introduction, p.* x.

Mr. Brande concludes his introduction by three tables of weights and measures; and informs his readers, that medicines are compounded by Troy, and bought and sold according to Avoirdupois weight. He farther states that, "temperatures are, in all instances, measured by Fahrenheit's thermometric scale, in which the *boiling point* of water is 212°; the *freezing point*, 32°; by the term *gentle heat*, a temperature between 90° and 100° is implied; and the *specific gravities* of bodies are assumed as taken at 55°." We are much pleased with this minute information; it shews the author's good sense; a *manual* ought to descend to the most trifling matters. Systematic writers, and teachers of youth, err greatly in this particular, inasmuch as they presume far too much on the previous acquirements of their readers and auditors. They, who so commit themselves, are in the situation of Pope, who spoiled some of his finest epitaphs, from the omission of the names of the deceased. What good author would leave to accident, chance, or time, to supply a deficiency, which might be guarded against by the attention of a single moment?

The work of Mr. Brande is dedicated, with great propriety, to the Society of Apothecaries of London, and it consists of two parts. The first part "comprises the articles of the Materia Medica, the Latin names of which are arranged in alphabetical order." Part second "comprises the pharmaceutical preparations and compounds as directed by the London Pharmacopœia." Of a publication so various and complicated, it is obvious that a full and regular analysis would be impracticable, and, if practicable, misplaced; all we can do, is to select fair and appropriate specimens, to enable our readers to judge for themselves, and to follow them, with such corrections, observations, or additions, as may seem proper and suitable. It is the first part which now engages our attention, and this contains only 187 pages.

The two succeeding extracts are offered as specimens, and as specimens simply, of the mode of execution, and it is premised that the author never treats his subjects slightly or briefly, but usually with great ability and at considerable length. Indeed some of his articles are so long, yet not improperly so, that we cannot spare space for their citation.

"ALOES SPICATÆ EXTRACTUM—*The Extract of the Spiked Aloe, commonly called Socotrine Aloes.*—There can be little doubt, that the *aloe spicata* affords a very fine variety of the aloes of

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commerce, of which that imported from the Cape of Good Hope may be taken as a sample; but it is equally clear that the aloes met with in trade is of very different qualities, and although all the better kinds bear the name of Socotrine aloes, that they were never near the island whence it is professed they come.

"The fact is, that the greater part of the aloes we meet with is imported from Bombay, and not unfrequently remelted in this country, with a view of improving its tint and odour, and sometimes of deteriorating its quality by the addition of common rosin, a fraud easily detected by the insolubility of such adulterated aloes in boiling water: it is probably the inspissated juice or extract of several varieties of aloe; at all events, different samples differ remarkably in appearance and character.

"The finest aloes, that, for instance, of the island of Socotorah, and some of that prepared at the Cape, has a brilliant reddish-brown colour, and is very translucent at the edges of the fragmented pieces: its fracture is smooth and conchoidal, its odour aromatic and rather agreeable, its powder deep gold colour, its taste intensely bitter and nauseous. But such is rarely found at the druggists'; there it is more opaque, of a dull brown, often passing into black, of an odour generally decidedly disagreeable, and of a taste more than ordinarily nauseous. It is, however, scarcely necessary to enter at length into a description of these varieties of aloes, since their medical virtues do not seem to be essentially different, and accordingly we may select for pharmaceutical use that which has the least unpleasant odour, and which, at the same time, seems to have suffered least from heat in its manufacture, and which remains translucent.

"Aloes appears to be a mixture of gum, extractive, and resin, but whether its activity resides in one or all of these components has not been ascertained; nor, indeed, has much light been thrown upon its composition by those who have particularly examined it: it is nearly entirely soluble in boiling water, but, as the solution cools, some resin and altered extractive are thrown down; the alkalies and their carbonates form with it permanent solutions, and proof-spirit dissolves and retains it with only a slight precipitation of resin.

"The medical qualities of aloes are such as give it a place of its own in the Materia Medica. It is a warm stimulating purgative; its action is chiefly upon the large intestines, of which it singularly promotes the evacuation, probably by increasing the muscular or peristaltic action rather than by augmenting their secretions, for it rarely produces liquid motions. It generally sits well upon the stomach, and its bitterness promotes appetite and digestion; when in the small intestines it creates little alarm, and is seldom perceived till the sigmoid flexure of the colon feels its influence, the peristaltic movements of which are often perceptibly increased to the sensations of the patient, and then the rectum is quietly emptied.

"Much has been said of the mischief done by aloes in irritating the rectum, and no doubt it is liable to create excitement there, but this is only where it is frequently used, and in cases of habitual costiveness all

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other purgatives are open to the same objection. Sedentary, studious, and idle persons, and more especially females in the higher classes of society, resort to purgatives to obtain that regularity of intestinal evacuation which bodily exertion and due exercise only will insure; and aloes, in consequence of its moderate, but at the same time certain operation, is among the usual remedies thus erroneously employed; whence a portion of the ill fame which it has acquired as especially productive of piles and uterine and rectal irritation.

"In all cold indolent habits, where costiveness is attended by general sluggishness of the circulating system, with loss of appetite, irritability of temper, with disinclination both to mental and bodily exertion, and other symptoms of the milder hypochondriasis; where there is dyspepsia in females, blended with the disorders which arise from irregularity and inertness in the uterine system, aloes, in one or other of the forms I shall presently mention, is a valuable and safe remedy; and it is by far the most certain and secure substance for the relief of that temporary, but often obstinate and injurious costiveness, which usually follows the exhibition of opium.

"But there are cases in which aloetics are hurtful, and, to use a medical phrase, in which they are decidedly contra-indicated. Such, for instance, are plethoric and irritable habits subject to hæmorrhoidal affections, or to excessive uterine evacuations.

"The dose of aloes may vary from two to ten or fifteen grains; about five grains will usually evacuate the bowels in one or two bulky motions, but it is seldom that we give aloes alone, and under some of the aloetic formulæ of the Pharmacopœia, we shall again take occasion to speak of its most common combinations.

"The following pills are useful for obviating costiveness in dyspeptic habits, but they should not be kept too long in a dry place, as they are apt to become hard, and so insoluble as to pass through the bowels, —an inconvenience which may to a great extent be remedied by the addition to the mass of about a fourth part of sugar or of soap.

"℞. Pulveris Aloës,
——— Mastiche,
——— Rhæi, aa ʒss.
Aquæ, q. s. ut fiant massa in pilulas xx. dividenda, quarum sumantur duæ vel tres ante prandium.

"The time for taking these pills is immediately before dinner; they then blend with the food, prevent flatulency, and are usually found to be operative the following morning after breakfast.

"ALOES VULGARIS EXTRACTUM—*Extract of the common Aloe; Barbadoes Aloes.*—This kind of aloes is prepared in Barbadoes, and exported thence in large gourds, which contain upwards of half a hundred weight each.

"It is generally deeper-coloured and more opaque than the former, its consistence is tougher, its fracture less shining, and its odour strong

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and peculiarly disagreeable; the colour of its powder is dirty yellow, and it is said to be more active than Socotrine aloes, and hence, though its price usually exceeds that of the other varieties, it is much preferred in the preparation of horse medicines, a channel by which enormous quantities of aloes are consumed." 17.

"AMYGDALA AMARA } *Varieties of the Amygdalus com-*
——————— DULCIS } *munis—Bitter and Sweet Almonds.*—Both these kernels agree in containing albumen, mucilage, and a considerable proportion of a bland, insipid, and inert oil (amounting to between 45 and 50 *per cent*), easily obtained by expression; but to these ingredients there is superadded in the bitter almond a principle which gives it its peculiar flavour, and which may be obtained by distillation with water; it then appears a volatile oil, generally heavier than water, having the concentrated odour of the bitter almond, and partaking of some of the chemical properties of the hydrocyanic acid. It is this ingredient which renders bitter almonds intensely poisonous to some animals, and not unfrequently they produce deleterious effects upon the human system.

"The distilled oil is virulently active, and the symptoms attendant on poisoning by it are in some respects marked and peculiar. They have been thus enumerated by Dr. Granville*: 'Stupor and numbness, with oppression and a sense of weight at the summit of the head; yawning and an irresistible disposition to sleep; vertigo, and dizziness of sight. All or any of these preliminary symptoms, according to the quantity of the poison taken, are generally observed by the practitioner, if sent for in time. The pulse is found to be rather strong at first, but flags soon after, and becomes either frequent, wiry, and small, or slow and vibrating. A paralytic state of the extremities is next remarked, the pupil remains unalterably dilated, the sensibility of the organs of sense is greatly diminished. Every animal function seems impaired, except respiration, which is very rarely indeed accelerated or difficult. Vomiting and hiccup shortly precede the aggravation of every nervous symptom, when life ebbs fast and becomes at last extinct.'

"From Mr. Brodie's experiments to ascertain the mode in which death is immediately produced by this and analogous poisons, it would appear that they operate upon the nervous system; that through the medium of the nerves the influence of the poison is conveyed to the brain, the functions of which are more or less impaired; that the organs of respiration are thus secondarily affected, but that the action of the heart continues for a long time unimpaired, circulating venous blood: hence, if respiration be artificially performed, so as to aërate the blood, it sometimes happens that the animal permanently recovers. Upon these subjects the reader is referred to Mr. Brodie's papers in the Philosophical Transactions, and to Orfila's Traité des Poisons.

"* Treatise on Prussic Acid, 1820, p. 89."

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"Essential oil of bitter almonds is largely prepared for the use of perfumers, confectioners, and cooks, who generally use what is called the essence of almonds, or a solution of ʒi. of the oil in ʒvj. of alcohol; this is also the most convenient form for its pharmaceutical employment. One hundred weight of the bitter almond cake remaining in the press after the separation of the fixed oil, is put into the still with about 400 gallons of water, this large proportion being necessary to prevent the formation of a mucilaginous magma, from which the volatile oil will not pass off, and which often, if brought to boil, rises up into the head and worm of the still. The produce of oil is liable to much variation, 1 cwt. of cake yielding from 2 ounces to 2¼ by weight. It often deposits a considerable portion of white crystallised matter, which is apparently a peculiar vegetable compound.* The oil appears to be composed of hydrocyanic acid in union with volatile oil. By digesting red oxide of mercury in it, Mr. Hennell obtained cyanuret of mercury, from which pure hydrocyanic acid was as usual procured by distilling it with muriatic acid.

"The cases in which it has been proposed to administer this oil, are those in which the diluted hydrocyanic acid has been recommended, and of which a full account will be found in Dr. Granville's 'Historical and Practical Treatise.' Affections of the lungs, preceding or connected with phthisis; coughs of a spasmodic character, and especially whooping cough; an irritable state of the nervous system; asthmatic complaints, and some cases of local irritation; are the principal diseases in which it has been found useful, and it may be administered with camphor and other antispasmodics.

"There is so much difference in the strength of the diluted hydrocyanic acid usually sold for medical use, that it is difficult to state any precise dose in which it may be administered. That made at Apothecaries' Hall has a specific gravity of 995, and contains 3.2 *per cent* of real acid: upon this subject, Dr. Ure's observations in the Quarterly Journal† may be consulted with advantage. From 1 to 10 or 12 minims of such diluted acid may be regarded as the limits of its dose, but it is right to commence its use with caution, and gradually to increase the quantity given until an effect is observed.

"The action of this acid, as well as of the volatile oil of almonds, depends much upon its state of concentration: of the latter, from 1 to 8 drops or minims in an ounce or an ounce and a half of any proper vehicle may be generally safely given. If sense of faintness, attended by nausea, chills, giddiness, or dimness of sight, should ensue, the dose must be diminished. Among others, the following formulæ for the exhibition of oil of bitter almonds may be used—

"℞ Olei Essent. Amydgd. Amar. ℥viij.
Mucilaginis Arabici ʒij.
Misturæ Camphoræ fʒvj.
M. fiat mistura, de qua sumantur cochlear duo ampla bis vel ter die.

"* Quarterly Journal, vol. xv. p 376." "† Vol. xiii. p. 313"

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"The hydrocyanic acid, or the essential oil of almonds, may be added to the mixture prescribed at page 4, in cases of cough and catarrhal irritation of the larynx.

"Sweet almonds, triturated into a paste with sugar and a little water or mucilage, as directed for the *confectio amygdalarum* of the Pharmacopœia, and afterwards properly diluted and strained, as in the *mistura amygdalarum*, furnish a pleasant emulsion which may be used merely as a diluent drink, or as a vehicle for active remedies. In warm weather it becomes sour in the course of 24 hours, and should therefore always be used fresh.

"The expressed oil of almonds in the formula above referred to furnishes an elegant emulsion, and its tastelessness recommends it in preference to olive oil. With the alkalies it forms a soapy mixture which may be substituted for emulsion, or which sometimes, with an increased quantity of alkali, is used in renal and urinary irritation, especially that arising from uric sand.

"℞ Olei Amygdalarum f℥ss.
Aquæ Rosæ f℥ij.
Liquoris Potassæ f℥j. Misceantur agitatione, et adde
Syrupi Simplicis f℥ss.
Aquæ Distillatæ f℥v.
M. fiat mistura, de qua sumantur f℥ij. pro dosi.

"In cases of catarrh, with hoarseness, f℥iss. of liquor ammoniæ, is sometimes substituted in the above mixture for the solution of potassa." 24.

The preceding extracts will furnish a good idea of Mr. Brande's work, and as in the last, he adverts to the hydrocyanic acid, we shall offer a few remarks on it. We have before us, most opportunely, a letter from a much valued friend, and excellent physician, in the West Riding of Yorkshire, in which, without our having ever adverted to such a subject, he says—"In a case of pulmonary consumption, the hydrocyanic acid was carried to its utmost limit. I was excessively disappointed with it; for, the only effect I could ever discover, as produced by its exhibition, was, an extraordinary irregularity of the pulse, with frequent intermissions. I wish to put you on your guard against the seductive reports of Dr. Elliotson, and other advocates."—Our experience of this medicine has been very confined; we never knew it to do either good or harm; it appeared to act like an anodyne; and this was the opinion of a patient himself, who imagined he had taken opium.

Mr. Brande's account of copaiba is meagre, imperfect, and incorrect. It shall be given without abridgement, and to it certain observations will be appended.

"COPAIBA—*The liquid Resin of the Copaifera officinalis*, vulgarly called *Balsam of Copivi*.—This liquid resin, obtained by wounding the bark of the tree, is imported from the Brazils in small

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casks. It has the consistency of oil, but is more viscid and glutinous; a pale yellow colour; a peculiar and somewhat aromatic odour, disagreeable only to those who have taken it as a medicine; and a pungent nauseous taste. Its specific gravity is 950. It communicates flavour to water shaken with it, and is perfectly soluble in about eight parts of alcohol, and in ether in any proportion. When rubbed upon paper and dried, it leaves an apparently greasy stain, but this differs from that of oil, by admitting of being written over with common ink. If adulterated with oil the stain would of course be truly greasy, but I have rarely met with any samples which I have seen reason to believe either spurious or sophisticated; though the appearance of the article as it occurs in trade differs considerably, yet this is probably owing to the circumstances under which it is collected.

"The term *balsam* being now generally restricted to compounds of resin and benzoic acid, is not applicable to this substance; nor is it strictly a liquid resin, but a compound of volatile oil and resinous matter. When distilled, the former, which is highly odorous and pungent, and upon which the virtues of copaiba depend, passes over, and there remains an insipid resin in the retort, which has sometimes been employed in medicine under the name of *inspissated copivi balsam*.

"Copaiba has long been celebrated in the cure of gleets, fluor albus, and other similar discharges unattended by active inflammation; and more lately it has been found effective in the relief of hæmorrhoidal affections. Its principal operation is diuretic, and in large doses it proves gently aperient. Where there is inflammatory action going on any where in the urinary canals, this medicine should be avoided; yet I have seen it of service in allaying the irritation and diminishing the secretion of red or uric sand.

"It may be given in doses of from fifteen to forty drops twice or thrice a day, either upon water, or triturated into an emulsion by the aid of yolk of egg or gum arabic. One drachm has been administered three times a day in piles, and in this dose it generally purges. It is apt to nauseate, and I think more so when given in emulsion than when simply swallowed with plain water, but the effect may, in some degree, be prevented by the addition of some aromatic water to the emulsion of copaiba, as in the following:—

"℞ Mucilaginis Acaciæ ℥iss.
Copaibæ ℥ss. tere simul et adde gradatim
Aquæ Menthæ viridis ℥j.
Tincturæ Capsici ♏v.
M. fiat haustus, bis vel ter quotidie sumendus." 17.

Mr. Brande altogether overlooks the notorious fact of copaiba having been employed by certain eminent authors in chronic affections of the larynx and trachea, and for which it promises to be an excellent remedy, since it exercises a remarkable effect on all mucous membranes, checking their morbid secretion, and restoring them to perfect sanity. Even some ancient writers

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recommend copaiba for pulmonary complaints, and if we are not mistaken, Morgagni, with a mixture of sulphur. We think Mr. Brande is somewhat inconsistent when he restricts its exhibition during an inflammatory action of the urethra, and acknowledges he has "seen it of service in allaying the irritation, and diminishing the secretion of red or uric sand."—We are of opinion, that this medicine, a drachm every night and morning, may be safely administered during the inflammatory stage of gonorrhœa, and with palpable success. Under such treatment, an incipient gonorrhœa has ceased in two or three days; and obstinate gleets have yielded to it in fifty hours; yet the dose should be continued for a considerable time afterwards. We never knew any thing but benefit result from this practice, and an eminent surgeon, who, at our suggestion, has employed it for eight years, confirms the truth of this statement. It was Dr. Dawson* of Sunderland, who first adopted this mode of treatment on an extensive scale; he communicated it to his friend Dr. Armstrong,† and other gentlemen, who, after a fair trial, became its warm supporters. The following is the formula advised.

℞. Copaibæ, syrupi zingiberis āā ʒi.
Mucilaginis acaciæ.
Aquæ puræ āā ʒiij.
Fiat mistura
Sumatur uncia una omni nocte et manè.

The mixture often purges; this is an advantage, but may be easily corrected by opium, if desired. Often have we seen, and so has a friend of more extensive practice, two doses of this preparation actually remove a copious urethral discharge of several months duration. We consider the formula of Mr. Brande to be exceedingly objectionable from the improper introduction of the *tinctura capsici*. He seems to have thought that a mixture of contraries would

"Make the gruel thick and slab:"
Shakspeare, Macbeth, Act IV. *Scene* I.

We differ again from our respected author, where he tells us, the copaiba is apt to nauseate more in an "emulsion than when simply swallowed with plain water." The truth is, an emulsion, or mixture is the most pleasant form, and the swallowing of it upon water the most disgusting. Great names cannot weigh

* Author of the Nosological Practice of Physic; reviewed in our Journal for April, 1825. See the work, page 170.

† Consult Armstrong's Practical Illustrations of Scarlatina, &c. London, 1818.

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against personal experience, nor fanciful opinions against damning truths. Away with arguments;—let us come to facts. Did Mr. Brande ever take any copaiba? He alone can answer this question; the probability is he never did. Now we have, at one time of our life, swallowed ounces of copaiba; and, therefore, his mere *ipse dixit* cannot sink the personal experience of years, backed by the practice and sentiments of many friends, together with our own, in hospitals and private life. Much of the efficacy of copaiba depends on the mode of administration. This medicine, in conjunction with water, or mixed with spirits of nitre, has been taken for a long series of years up to the present day for gleets or leucorrhœa, and with little advantage, if the reports of patients are to be credited. No mean part of the benefit is derived from the happy admixture of copaiba with water and mucilage, or yolk of egg. Gentlemen have applied to us, have said they had tried copaiba without any success; yet, unknown to themselves, they have obtained a rapid cure from the same article under another and better form. No man was more partial to copaiba than Dr. Daniel Turner* of London, whose name the *ceratum calaminæ* sometimes bears; he only used it for gleets, and in the form of a paste, made with sugar; yet his cures were surprising, and there can be no deception, since individual cases are narrated. For hæmorrhoids copaiba is doubtless a valuable remedy, and it may be added, in all affections resulting from an irritative or inflammatory state of mucous membranes. But for the nauseousness of copaiba, and the disagreeable eructations which it usually causes, we should pronounce it to be the very best purgative for habitual constipation; for, in a few hours, without either uneasiness or griping, it brings away immense quantities of fæces, whose consistence is moderately fluid. We really wish our readers would give a fair trial to the copaiba mixture in gonorrhœa, gleets, leucorrhœa, and chronic affections of the larynx, trachea, bronchia, and rectum, and obligingly communicate the results to the editor.

Mr. Brande has written very well on opium; yet the subject is so interesting as to induce us to supply certain omissions or deficiencies observable in the article.

We have frequently expressed our opinions of this drug as a medical agent, and, in this instance, we shall, therefore, confine our observations to somewhat novel matter.

Opium exercises a wonderful effect on the human body, and every circumstance connected with it deserves especial notice.

* Vide his Treatise on the Venereal Disease, &c.

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Our experience of it has been great indeed, and it shall be briefly communicated. It is the only medicine which most certainly controls or subdues pain; it does more than this, it imparts to the mind a delightful tranquillity, and, hence, it becomes doubly a favourite. With idiosyncrasies of constitution we meddle not, since they are as various as the winds, but, in the generality of constitutions, an adequate dose overcomes pain and excites happiness within an hour. Unfortunately, like all other stimulants, for a moderate quantity is a stimulus, and an immense one a sedative, it loses its effect by daily repetition, and fifty drops of the tincture may, within twelve months, be advanced to eight or nine drachms, with scarcely a similar result. The exhilirating effect of opium is very unlike that of wine or spirits; for the head is unaffected, the faculties bright and clear, the body active and vigorous; and, although the person seems to pass the night without sleep, yet still he is pleasant and comfortable, arises happy and refreshed, and remains so until the period of his next dose:—then, and not till then, he feels that there is something wanting also, a sinking of the stomach, and considerable languor. It is no less singular than true, that if a man accustomed to a large nocturnal dose of opium, swallows a somewhat minor quantity, he, notwithstanding he sleeps well, leaves his bed weak, languid, and without an appetite, and which will continue for several hours; while, on the contrary, if he take a full dose, appear to sleep scarcely any, and roll from side to side incessantly, yet he is in the morning, cheerful, hungry, and invigorated. Are then the days of opium-takers all halcyon ones? Alas! they are the reverse, and beset with evils, which shall be explained. The dose requires a gradual increase; this is a serious matter, for it soon, in a year or two, becomes so large as to need a division of it into two or three doses, which mostly occasions a slight nausea of an hour's duration, inasmuch as this medicine decidedly impairs the powers of the stomach. Opium, in long continued quantities, usually produces obstinate constipation, demanding almost constant purgatives. After dinner, from disturbed sleep by night, the patient is excessively drowsy; scarcely able to read; and naturally sleeps in his chair for hours, if undisturbed; during which sleep, he sometimes, but not always, imagines, and really seems to feel that he is convulsed or paralytic; and, when he awakes, he is languid, unhappy, and miserable. He remains in this state for an hour or two; next takes his opium; and, before two hours have elapsed, all is sunshine!—he is happy and vigorous, fit for deeds of arms, or great literary undertakings. Nor is this

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a fallacy; men actually act, speak, and write better under the influence of opium; hence its liberal use among the Turks, as well as celebrated public characters. Bad as the practice is, and we admit it to be very bad, yet still it is not half so deadly as immoderate drinking. Unfortunately, when an individual has been long accustomed to the delights of opium, he seldom or ever abandons it, for the want of it is the acmé of human misery. His spirits are gone, his activity fled, his appetite reduced; to him the world is a blank, its allurements empty names; he is really sunk into feebleness; he crawls from place to place like a victim to typhous fever; the muscles of his loins and limbs are aching and powerless; his only wish is to lie down and stir no more; yet his usual dose will, in an hour, restore him to happiness, health, and strength; and this no other human agent can accomplish, since, to an opium-taker, wine or spirits have a contrary effect, and soon nauseate. Doubtless, these unpleasant consequences will gradually disappear, provided the sufferer persevere in his abstinence, but they are so dreadful, and of such long continuance, that he seldom gains a triumph over his inclinations, and when, to such sufferings, pain is superadded, he is too often almost compelled to return to his favourite remedy. We are well acquainted with a distinguished instance, in which the subject displayed a degree of resolution worthy of a Roman name. For nearly four years this gentleman, in other respects healthy, suffered a very frequent pain of his stomach, which rendered life nearly a burthen. Every remedy having been tried in vain, and his days and nights usually consumed in excruciating pain, but without vomiting, except on one occasion, and no bad health; he, in despair, took 60 drops of tincture of opium by night, increased the number, found the relief he sought, and being forced to continue the opium, for the pain invariably came on nightly, he incautiously ran up the dose to nine drachms in eleven months; and this he regularly persevered in for thirteen months longer, vacillating between seven drachms for his *minimum*, and nine for his *maximum*. During these two years the pain was never considerable, and as he suffered all the evils which have been enumerated, he determined to conquer a practice so pernicious, although it assuredly conferred on him ease and comfort. It may be interesting to write the scale by which he effected his design, premising that he invariably took the medicine in the evening, and never at any other period.

T. Opii. Saturday, ʒvij. *(continued, more or less, for nearly 2 years.)—Sunday*, ʒv.—*Monday*, ʒv.—*Tuesday*, ʒiv.—*Wednesday*, ʒiv.—*Thursday*, ʒiij.—*Friday*, ʒijss.—*Saturday*, ʒij.

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and, after this, the task was easy, yet he continued this dose for a few weeks, to guard against a recurrence of pain in his stomach. Thus it will be evident that, in seven days, this gentleman omitted the enormous quantity of 23½ drachms of tincture of opium. It may be urged he proceeded too rapidly; he did so, but he was the occasional subject of pain, and it was absolutely necessary to catch the golden periods, since a severe attack might have rendered every resolution fruitless. In lieu of the *extra quantum* of opium, he, during slight pain and sinking of the stomach in the evening, which were accompanied with universal lassitude, drank gradually a pint of warm ale, and this greatly revived him, besides being an indispensable auxiliary. This gentleman, ever studious and temperate, succeeded at last;—his sufferings, they have been already described, were most distressing and heart-rending; but they slowly yielded to time. His appetite for breakfast was reduced from two biscuits to half a biscuit; and, to use his own language, "I have succeeded; the advantage I have derived is problematical; upon the same terms, another such victory would be dearly purchased, for the good of it is not very evident!" This is not the language of a valetudinary, but of a man in apparent health, whose mind has been enlightened by education and science, and is, therefore, entitled to respect and attention. We have before remarked,* that opium might be more extensively used for the alleviation of pain resulting from chronic diseases; indeed, it is admissible for every kind of pain, except, perhaps, that of inflammation, and, even here, it is not without able advocates;† and it should be administered in suitable doses. Two important cautions it is our duty to inculcate, and which should never be disregarded. *First;* Opium ought not to be exhibited simply to raise the spirits, a practice most ruinous; but should be confined to the removal of severe pain, or such other purposes as judgment sanctions. *Secondly;* Never, on any occasion whatever, should the dose, for one day, exceed three drachms of the tincture, or a corresponding quantity of the drug itself. Within these limits, the administration of opium is safe, agreeable, and efficacious:—beyond them there is a sea of trouble and danger.‡

* Review of the Confessions of an Opium-eater.

† See Dr. Armstrong's paper, Transactions of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales, vol i. London, 1823.

‡ To prevent misconception, which often prevails where prejudice operates, we distinctly declare that this gentleman sustained no injury from opium, but obtained a decided and permanent benefit. When he commenced its use, there was every probability that life would be exhausted by

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Mr. Brande offers little that is interesting respecting the well known drug—alum. The analysis of Dr. Scudamore's publication* on the blood, and on the powers of a saturated solution of alum, as a styptic remedy in hæmorrhage, and as an internal medicine in hæmorrhagic affections, fell to the lot of a more able and learned colleague than ourselves, yet, as Dr. Scudamore invited his professional brethren to communicate their experience of this remedy, we shall dwell on it briefly. Alum has always been a great favourite with us, and we have seen it prescribed, and directed its exhibition, during a period of nearly thirty years. As a styptic for bleeding vessels, it has long been deservedly notorious; and it is rather surprising that this author should have imagined, as he seems to imagine, that there was much novelty or merit in his saturated solution, for alum and water have ever been employed for such purposes. The old surgeons preferred to mix the alum with the albumen of an egg, and, in this state, applied it with success to bleeding wounds, and alum is the only effective agent in the old "*pulvis stypticus*" of the shops. For years we have recommended injections of solutions of alum for hæmorrhages from the uterus. A solution of alum remarkably corrugates the mucous membrane of the vagina; and, in one case, where this canal was of large size, from repeated parturitions, it, under the application of this solution, became so contracted as scarcely to admit a finger. We have seen great benefit derived from the internal employment of alum in hæmoptysis and menorrhagia. With us the dose is fifteen grains thrice a day; the alum having been finely powdered, and either exhibited in powders, boluses, or pills. In this way we lately cured, and that in a few days, a case of menorrhagia, which had resisted every remedy prescribed by a judicious accoucheur.

The first part of this work shall be concluded with a short yet good article on the leaves of senna.

"SENNÆ FOLIA—*The Leaves of the Cassia Senna.*—The European market is supplied with senna leaves from Alexandria, whither they are brought from Upper Egypt; and after having been mixed and adulterated with leaves of the *cynanchum oleafolium*, or *argel*, and occasionally also with the leaves of bladder senna, box, and some others, they are packed in bales for exportation.

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anxiety, pain, and sleeplessness; yet, under the administration of it, the pain became insignificant, other gastric symptoms were removed, health and vigour followed; and, although he certainly severely suffered from its discontinuance, yet still he was comparatively well of the complaint, which demanded the exhibition of opium.—*Rev.*

* New Series, No. 1. June, 1824, p. 137.

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"It is difficult to describe the characters which should guide us in the selection and purchase of senna; among them we may enumerate a bright fresh colour, and an agreeable smell somewhat resembling that of green tea. It should not be too largely mixed with stalks, seed pods, and other extraneous matter, nor very much broken, nor very dusty.

"Senna has, when chewed, a nauseous flavour quite peculiar to itself; with boiling water, (which, according to Mr. Thomson, dissolves about a third of the weight of the leaves employed,) it affords a brown infusion, very nauseous both in smell and taste, and liable to decomposition. Proof spirit dissolves a larger portion of senna, and forms a brown active tincture. Alcohol and ether yield green solutions.

"Senna has been chemically examined by Bouillon la Grange.* The effects of various re-agents on infusion of senna have been described by Mr. Battley.† According to Lassaigne and Feneulle, the activity of senna, as a purge, depends upon the presence of a peculiar vegetable principle, which they have termed *cathartine*, and which may be procured as follows:—To an aqueous decoction of senna leaves add subacetate of lead as long as it occasions a precipitate, which is to be washed, diffused through water, and subjected to a current of sulphuretted hydrogen gas. Separate by filtration, and reject the precipitated hydrosulphuret of lead. Evaporate the clear liquor to dryness, digest the residue in alcohol, and again evaporate to dryness. This alcoholic residue contains acetate of potassa, which may be decomposed by the addition of sulphuric acid, and the sulphate of potassa separated by filtration. Then add acetate of lead to precipitate the sulphuric acid, and pass sulphuretted hydrogen through the liquid; filter, evaporate, and cathartine remains. It is deliquescent, and uncrystallisable, of a reddish colour, a bitter taste, insoluble in ether, but soluble in water and alcohol.‡

"The above process is so circuitous, and the vegetable principle subjected to such a variety of agents, that no dependence can be placed upon the supposed existence of its product as a distinct pre-existing principle of senna.

"Senna is rarely to be depended upon alone, for it generally occasions griping, spasmodic, and flatulent pains of the bowels, without duly evacuating them; but it is a truly valuable auxiliary to other purgatives, and in many such mixtures clears the bowels with speed and certainty. The infusion is the best form for its exhibition; and ginger, as in the *infusum sennæ compositum*, is a good addition. It should be recently prepared, for if kept exposed to air it undergoes a change, and is said to be more apt to gripe. To these formulæ the tincture of senna may be added, and the following is one of the many modes of prescribing them:—

"* See Annales de Chemie, vol. xxxvi. p. 3."

"† London Medical Repository, vol. xv. p. 169."

"‡ Annales de Chemie et Physique, tom. xvi. p. 16."

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" R Infus. Sennæ f℥iv.
Magnes. Sulphatis ℥j.
Aquæ Menthæ sativ. f℥ij.
Tinctur. Sennæ f℥ss.
M. sumat cochlear. iv. mane primo et repet. post horas tres, si opus sit.

" The addition of syrups to such mixtures only renders them more nauseous, without assisting their efficacy: half an ounce of manna is, however, occasionally added to the above. Soluble tartar and infusion of senna form a good active purge, and pimento water covers much of the disagreeable flavour.

" R Potassæ Tartratis ℥j.
Infus. Sennæ compos.
Aquæ Pimento aa f℥vj.
Tinct. Jalapæ f℥j.
M. ft. haust. laxans." 160.

We now arrive at the second part of the Manual of Pharmacy, or that which treats of preparations and compounds, amounting to 342 pages. This part alike correct and instructive, contains, as has been stated, the London Pharmacopœia, the Latin and English being placed in divided and parallel columns. To each preparation or compound, Mr. Brande attaches valuable observations, chiefly chemical and medical, and which will well repay an attentive perusal. Here our author is quite at home; handles, explains, and comments on every thing which passes in review before him, with all the facility and talent of a master; and his admirers will no more expect error from such a quarter, than the too credulous Romans did from the oracular responses of their favourite temples. " Tunc divinam speciem et vim respondi ex nomine *Basilidis* interpretatus est."*

Agreeably to our usual practice, we shall select a favourable example of the manner and execution of the second part, which will convey a more lively idea than grave description.

" PREPARATION OF SILVER.

" *Argenti Nitras.*	" *Nitrate of Silver.*
R Argenti unciam, Acidi nitrici fluidunciam, Aquæ destillatæ fluiduncias duas;	Take of Silver, an ounce, Nitric Acid, a fluidounce, Distilled Water, two fluidounces;
Acidum nitricum Aquâ misce, et in his Argentum balneo arenæ liqua.	Mix the nitric Acid with the Water, and dissolve the Silver in the

* Taciti Historiæ, Lib. iv. Cap. lxxxii.

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Dein calorem paulatim auge, ut siccetur Argenti Nitras. Hanc in crucibulo, lento igne, liquefac, donec, expulsâ Aquâ, cessaverit ebullitio; tum statim effunde in formas idoneas.

mixture in a sand-bath. Then increase the heat gradually that the Nitrate of Silver may be dried. Melt this in a crucible over a slow fire, until, the Water having been expelled, the ebullition ceases; then pour it immediately into proper moulds.

"In this process the silver is oxidized at the expense of one portion of the acid, nitrous gas is therefore evolved, and the resulting oxide of silver (composed of 110 silver + 8 oxygen = 118) combining with the other portion of the acid yields, on evaporation, colourless prismatic crystals of nitrate of silver, which are anhydrous, and consist of—

"1 proportional of Nitric Acid	54.	31.4.
1 ——————— Oxide of Silver.....	118.	68.6.
	172.	100.

"For internal use this salt ought to be kept in crystals, but the above formula directs the immediate evaporation of the solution to dryness, and the fusion of the dried salt, which is then cast into moulds for surgical use; and it is in this state only that it is usually found in apothecaries' shops.

"It is better in all cases to crystallise the nitrate of silver, and carefully to fuse the crystals in a silver crucible over a lamp: the mould in which the sticks are cast should be warmed to prevent the too rapid cooling of the fused salt, which then becomes extremely brittle; and care should be taken to employ no more heat than is requisite for its liquefaction, since it easily suffers decomposition and becomes black from the deposition of oxide of silver. The silver employed should be free from copper, and the acid should be pure, in which case the resulting solution is clear and colourless; a little black powder frequently separates, which is gold. This salt of silver is eminently susceptible of the agency of light, which blackens and decomposes it.

"The principal use of nitrate of silver is as a caustic; it kills the parts to which it is applied, and being much less soluble than pure potassa, and not deliquescent, it is easier of application and less apt to spread. Distilled water at 60° dissolves about its own weight of this salt; the solution should be transparent and colourless; if of a bluish tinge, and becoming deep blue on the addition of ammonia, it contains copper. It may thus be used in any state of dilution, and is a very valuable application in many cases of ulcerating sores, in the proportion of from one to five grains to the ounce of distilled water. The part may be touched twice or thrice a day with a camel-hair pencil dipped in this solution, which should be of such strength as to occasion smarting. In fistulous sores it is sometimes used as an injection, and it has been recommended as a mouth-wash in scorbutic affections of the gums, and aphthæ of the fauces.

"As an internal remedy nitrate of silver has gained much and apparently deserved celebrity in the treatment of epilepsy. In this disease it

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has been administered in doses beginning with an eighth of a grain and carried up to four or six grains three or four times a day; it is usually taken made into pills with bread-crumb, and the best dose appears to be half a grain thrice a day, gradually increased to a grain and a half or two grains. Under this treatment the fits often decrease at first in violence and then in frequency until the patient recovers, and where the bowels are moderately acted upon the efficacy of the remedy appears most certain.* There is a very disagreeable effect which frequently follows this use of nitrate of silver, which is the discoloration of the *rete mucosum*, so that the whole surface of the body, and especially those parts which are most exposed to light, acquire a leaden-grey or livid-colour which is permanent.† Various means have been resorted to with a view of preventing this effect, or of removing it when it has taken place, but hitherto without success. It is curious that excessive acidity at the stomach is a frequent concomitant of epilepsy, and that Dr. Prout's experiments‡ have shewn that the free acid of the stomach is the muriatic, an acid the base of which would instantly decompose the nitrate of silver.

"Nitrate of silver has occasionally been resorted to in other diseases attended by morbid nervous excitement and debility; in certain convulsive affections, in chorea, and in *angina pectoris*.

"When taken in over-doses, it operates in the same manner as the other corrosive poisons; perhaps the best antidote consists in copious draughts of salt and water, by which chloride of silver would be formed, a compound, in all probability, nearly, if not quite inert. Orfila's results, however, in reference to this counter-poison, were not very satisfactory.§" 265.

Before we make another extract, we shall, in the way of variety, as painters mingle light and shade, move forwards, and select a short passage, for a reason which will soon be apparent.

"*Buckthorn is only fit for a veterinary pharmacopœia. The syrup is never prescribed, and, consequently, if found in an apothecary's shop, is always in an unfit state for use.*" 478.

This is at once unqualified, positive, and dictatorial; and, considering the high authority which becomingly attaches to the name of Brande, will be believed by numerous individuals. Now nothing can be more incorrect, or more unworthy of a man who is eminently qualified to instruct youth. We beg to tell Mr. Brande that he is mistaken, and would recommend him to be more cautious. His respectability renders his errors dangerous, and the teacher of others should himself be correct. Syrup of Buckthorn is prescribed and kept in the shops of apothecaries;

"* Med. Chir. Trans. vol. ix. p. 234."
"† Albers and Roget, Med. Chir. Trans. vol. vii. p. 284."
"‡ Phil. Trans. 1823. § Traité des Poisons, tom. i. part ii. p. 46"

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an ounce acts as an excellent purgative; and, in smaller doses, it is occasionally directed for children. It is only a month ago, while attending a child of six years old, with a very respectable surgeon, that we prescribed it; and we were assured by this gentleman that he frequently administered it as a laxative to children with considerable success. Surely this will shew that Mr. Brande has written unguardedly. He says, it "is always in an unfit state for use." How does he prove this? To his mere assertion we oppose respectable authority; the syrup purges and the patient recovers; what more decisive or conclusive can be adduced?

A second interesting extract shall be offered, as more likely to elucidate the nature of the work, and the information it embraces, than simple analysis.

"Acetate of lead forms prismatic crystals, soluble in about four parts of water, at 60°, and of a singularly sweet and somewhat astringent taste. It generally occurs in commerce in masses composed of irregular assemblages of acicular crystals, and is seldom perfectly soluble in water. The smallest portion of sulphuric or carbonic acid in water produces a precipitate when acetate of lead is added. A current of carbonic acid, passed through a solution of this salt, throws down one half of the oxide of lead in the state of carbonate, and an uncrystallisable *binacetate* of lead remains in solution. When finely powdered protoxide of lead is boiled in a solution of the acetate, a portion equal to that originally existing in the salt is taken up, and a *subacetate* of lead is formed, composed of one proportional of acid and two proportionals of oxide: in the above formula, therefore, rather less carbonate of lead than is required to saturate the acid is directed, in order to insure the production of the neutral acetate.

"Externally, acetate of lead has been very long employed as a sedative and astringent application; it has also acquired considerable celebrity as an internal remedy, requiring, however, considerable caution in its exhibition. Its principal use is in *urgent* cases of internal hæmorrhage, as of the lungs, stomach, or uterus; and, in consequence of the violently spasmodic action of the bowels, which it is apt to induce, it requires generally to be given with opium, and often with some mild aperient. Paralytic affections occasionally follow its administration, where due precaution in regard to the state of the bowels is not taken.

"In hæmoptysis where the quantity of blood coughed up is considerable, or where the usual remedies, especially nitre and dilute sulphuric acid, fail, acetate of lead may be given as in the following formula, care being taken to avoid, in the medicines and drinks, those acids which decompose it, and especially the sulphuric, by which, as appears from Orfila's experiments,* it is rendered nearly, if not quite inert:

"* Traité des Poisons, tom. i. 2me partie, p. 281"

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hence it is that sulphate of soda is an effective antidote where any of the soluble salts of lead have been swallowed.

" R Plumbi Acetatis, gr. iv.
Pulveris Opii, gr. iij.
Confectionis Rosæ Caninæ, q. s.
Misce et divide in pilulas sex æquales, quarum sumatur una ter in die.

" A proper dose of digitalis may be combined with the above pills; or it may be given with acetate of lead as follows:—

" R Plumbi Acetatis, gr. j. Solve in
Aquæ Rosæ fʒj. et adde
Oxymellis Simplicis ʒfs.
Tinctur. Opii ℥v.
——— Digitalis ℥x.
Fiat haustus quartis vel sextis horis sumendus.

" In hæmatemesis the same remedies may be had recourse to; also in menorrhagia; but in all these cases the necessity of active measures for subduing febrile symptoms, where the inflammatory diathesis prevails, must not be lost sight of; nor should the patient be, in any case, suffered to continue the use of the acetate of lead for a length of time.

" When solutions of acetate of lead are used externally, the salt should be dissolved in distilled water, and all substances tending to decompose it should be carefully avoided. The addition of a little acetic acid to these lotions prevents the deposition in them of carbonate of lead; and where they are used as collyria, such deposition is sometimes mischievous: they are employed in ophthalmia, and generally as astringents and sedatives in all cases of superficial inflammation. When, as is often the case, a little carbonate of lead is contained in the acetate, the solution should generally be directed to be filtered, especially if it is to be applied to the eyes. For collyria, the proportion of acetate of lead may be about ten grains, and for lotions about thirty grains, to eight ounces of rose or elder flower water, and two or three drachms of distilled vinegar may be added." 309.

Mr. Brande, writing of the *tinct. ferri muriatis*, proceeds thus:—

" As a tonic, from five to thirty drops may be taken twice a day in a wine-glass of water. In dyspepsia, small doses are generally more serviceable than larger ones, and it may be given in any bitter infusion, those being generally selected which are not blackened by it.

" R Tincturæ Ferri Muriatis ℥vj.
Infusi Quassiæ,
Aquæ Cinnam, aa fʒvj.
Tincturæ Calumbæ, fʒj.
M. fiat haustus mane et meridie sumendus.

" The dose may gradually be augmented, if necessary, to thirty drops, but it is apt, in larger doses, to produce head-ach, to harden the pulse, and occasion slight spasmodic pains of the stomach and bowels.

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If it constipates, a drachm of sulphate of magnesia may be added to each draught. If it produces diarrhœa, the bowels should be cleared with a little rhubarb and magnesia, and it may then be resumed generally without ill effect.

"As a tonic, after diseases of debility or depletion of the system, it requires, as well as the other preparations of iron, considerable circumspection in its use; if it induces no local inflammatory action or headach, and neither hardens the pulse, nor materially quickens it, it often proves eminently active in restoring tone to the constitution.

"With aloetics and antispasmodics it is not an ineffective emmenagogue, though not, upon the whole, so well calculated to fulfil this particular indication as some of the other chalybeates. It may be given as follows:—

"℞ Tinct. Ferri Muriatis,
Tinct. Aloes compos.
Tinctur. Valerianæ, aa ℥ss.
M. sumatur cochleare unum minimum ex infusi anthemidis cyatho, bis vel ter quotidie.

"Like other chalybeates, it sometimes expels worms from the intestines. It is used as a styptic in internal hæmorrhages. In scrofulous affections it is a most valuable tonic, especially when it can be given in large doses. Mr. Thomson recommends the dose, in these cases, to be gradually increased up to 120 drops twice a day.

"In retention of urine, depending upon spasmodic stricture of the urethra, this solution of iron has been represented as having something like a specific action. Five or six drops have been recommended in such cases, by Mr. Cline, every ten minutes, until nausea is produced.

"As an external application, the '*tinctura ferri muriatis*' has been applied to cancerous and other very ill conditioned sores, but not with any marked success." 282.

There is much of error and misconception in the above extract. Spasmodic stricture is an incorrect term, and ought to be abolished. What is a stricture? A more or less alteration of structure in a canal. Now, spasm of the urethra occasions no structural change, consequently, the word stricture is misused, in defiance of all true logic. Retention of urine sometimes arises from general or partial spasm of the urethra, and it should be denominated a spasmodic affection, and not a stricture. If Mr. Brande had introduced as many catheters as we have, and if, during a strong spasmodic action, he had taken hold of the instrument while the urine was discharging, and felt the violent and grasping manner in which it is embraced by the urethra, he would scarcely have employed the appellation of stricture; and this circumstance is, in our opinion, an almost demonstrative proof of the muscularity of that canal, notwithstanding the assertions of men who stand high in their own estimation as well as in that of the public. In truth,

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there is a great want of precision in the language of medical men in general, who appear to use words more for sound than as symbols of definite ideas. Vaccination is a fertile source of error in this respect. We read of vesicles and pustules; and, strange to relate, lymph springs from the pustules, and pus out of the vesicles. While errors and inconsistencies so glaring insult the understanding, surely it is our bounden duty to expose and correct them; and it is our invariable custom, and always shall be, never to cite examples without well knowing the authors who have so committed themselves, yet their names are, and probably ever will be by us, scrupulously concealed. Mr. Brande says five or six, but he is mistaken, it is twenty, or even thirty drops of the *tinct ferri. mur.* which Mr. Cline recommends, and he does not mention nausea, but until a sensible effect is produced; and this phrase may, perhaps, have misled our author into a belief that nausea was the effect contemplated. It is scarcely to be expected that a man, agonized by retention* of urine, could be nauseated by only five or six drops of the tincture every ten minutes. In the language of Hotspur, he would not have "*time to be sick!*" This medicine is only admissible in spasm of the urethra; in inflammation, it would be highly dangerous; in stricture, absurd; yet it is too often prescribed on such occasions. It is not long ago since a young physician ordered the *tinct. ferri muriat.* for a man whose urethra was altogether impervious from strictures, and who was eventually cured by the knife. This is practice without principles. Sound principles are the

* Even this obvious term and its companion, suppression of urine, are, in utter defiance of correctness, frequently used by authors as synonimous and convertible designations. *Retention* implies that the urine is *retained* within the bladder: whilst *suppression* indicates that the secretion of urine is *suppressed*;—two most opposite states of disease; being the ischuria vesicalis and renalis of systematic writers. Mr. Hey has pointed out these distinctions in his surgery, but no originality belongs to him, for they were particularly dwelt upon by Mr. Cline, in his lectures, long before he published them. It is impossible to mention the venerable name of Cline, without a hasty and feeble attempt to sketch his character. We knew him well, yet twenty one years have elapsed since we witnessed his successful labours. As an operator, he was neat, cool, and determined: as a lecturer, we never met with his equal or superior. He was always mild, grave, sensible, and dignified;—he seldom praised, and never censured: he was never eccentric or sarcastic: to him, vanity, arrogance, or self-sufficiency were strangers. His language was chaste and correct; his judgment sound; his caution proverbial; his manners and appearance gentlemanly. He was constitutionally reserved and solemn; every one felt that he could not presume to break in upon the privacy of Mr. Cline, but while he did so, he also felt, that it was the privacy of an amiable, scientific, and honourable man, and, as such, entitled to his respect and esteem.—*Rev.*

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ground-work of the medical art; and slow and cautious observation of what passes before the eyes is the superstructure. Without these, it is mere empiricism; and the worst of empiricism, because it abuses mistaken confidence, and sports with human life. In fact, if practitioners, after having gained correct principles of their profession, would only use their eyes and ears, carry common sense to the bed-side, exercise a cool and steady judgment respecting what they see and hear, and act accordingly, they would succeed infinitely better;—but, unluckily for themselves, and unfortunately for others, they are so confined by authorities, so shackled by dogmas, so enchained by opinions, that they surrender their own personal experience and are misled, when they might have been enlightened. It may seem paradoxical to assert, but we contend for its truth, that learned men are generally the worst practitioners and practical writers, and this obviously arises from the very causes which we have stated and condemned. The term "*learned*" is employed in the most scholastic sense; and the word "*unlearned*" with a liberal interpretation, implying a person acquainted with English, Latin, French, and a little Greek, but still not deserving to rank with distinguished scholars, who are alone learned, and of whom the amiable John Mason Good is a bright example. Learned men, whether practising or writing, are, from their intimate acquaintance with authors of every description, so bewildered by astounding names and conflicting testimonies, that they seldom act or think independently. It is rare for such men to produce truly original works; for as, after all, there is little novelty under the sun, they are fearful to think for themselves, and timid to promulgate opinions, which, under different modifications, they suspect may be found in ancient writers, and thus it is they most commonly descend to mere compilation. Unlearned men, on the contrary, are infinitely less read, and know less of medical lore, hence, they act more boldly and think more independently; and, when they write, proceed fearlessly, not contemplating imputed plagiarisms from works of antiquity. John Hunter himself is a strong example; learning would have impeded his acute mind, and retarded his prolific pen;—what he saw, thought, or did, he proclaimed—totally ignorant that much of his lucubrations and sentiments was discoverable in books to him unknown or inaccessible. Learning enlarges the mind, dissipates its vanities, and softens its asperities; but it damps its ardour, while it curtails its original, and augments its accumulative powers. This compliment, however, we can unfeignedly pay to learned authors, that if their writings be

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less original, they are most certainly far more modest and engaging. The records of this, and of every other age, would convincingly prove the truth of the foregoing statements; yet we decline to bring forward names, especially of the illustrious living, which might give offence where none is intended.

We can only afford space for another extract, and with which our review shall be concluded, after we have indulged in a few observations. Our limits have been exceeded by a natural desire to impart useful information, which we prize more highly than fastidious criticism.

"As an internal remedy, sulphate of zinc, is chiefly used as a tonic and emetic; applied externally, it is a powerful and often useful astringent. It is given in very small doses, a quarter of a grain, for instance, twice or thrice a day, in dyspepsia (see page 146); in epilepsy one or two grains have been given every four or six hours; and in all diseases of debility connected with inflammatory action, it has been preferred to other mineral tonics, as being less apt to excite thirst, arterial action, and other febrile symptoms; but I doubt whether there are good grounds for this preference.

"In dyspeptic affections, sulphate of zinc and other similar and powerful remedies generally require to be given in very small doses, and to be long persevered in, if we wish to derive the utmost benefit from their powers. Dr. W. Philip says of this remedy—'in the opinion of many, the sulphate of zinc, given in very small doses, holds a distinguished place among the astringents suited to indigestion, and it is sometimes successful where other tonics fail. It may be given at later periods than iron, but it requires caution, and if its good effects do not soon appear, should be laid aside. It is one of those powerful agents which must always be employed with some degree of suspicion.'*

"Sulphate of zinc is one of the numerous remedies resorted to in the cure of epilepsy, where it is usually given with vegetable bitters, and with the more powerful antispasmodics.

"℞ Zinci Sulphatis gr. j.
Extracti Anthemidis gr. x.
Misce fiant pilulæ duæ quater die sumendæ.

"The following has also been much extolled in epilepsy, by those who confide in the virtues of musk:—

"℞ Zinci Sulphatis gr. x.
Moschi ʒj.
Camphoræ ϑj.
M. et divide in pilulas viginti, quarum sumantur duæ bis vel ter in die.

"In diseases attended by considerable irritability as well as debility, sulphate of zinc certainly appears preferable to sulphate of iron. In the

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"* On Indigestion, 4th edit. p. 206."

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advanced period of whooping cough, from an eighth to a quarter of a grain may be given twice or three times a day, conjoined with small doses of infusion of bark, or of cascarilla; or it may, if requisite, be united in pills with extract of hemlock or of henbane. 'In spasmodic coughs,' Dr. Paris says,* 'it is administered with the best effects, especially when combined with camphor or myrrh.

"℞ Zinci Sulphatis gr. x.
Myrrhæ in pulverem tritæ ʒjss.
Confect. Rosæ q. s. ut fiant pilulæ viginti, è quibus sumantur binæ bis quotidie.

"'In affections of the chest attended with inordinate secretion, I have witnessed much benefit from its exhibition, particularly when presented in the form of lozenge.'

"In the cure of intermittent fevers, sulphate of zinc is an admirable tonic, either with or without Peruvian bark; and in all those obstinate cases where the use of arsenic has been suggested, this salt of zinc should have a previous trial.

"℞ Zinci Sulphatis gr. ij.
Aquæ Cinnamomi,
—— destillatæ, aa fʒijss.
Tincturæ Calumbæ fʒj.
M. fiat mistura cujus capiat æger cochlearia tria ampla tertiâ vel quartâ quâque horâ.

"It has been said that sulphate of zinc, which occasions a precipitation in infusion of Peruvian bark, is therefore incompatible with it; but the combination remains very effective: thus—

"℞ Zinci Sulphatis gr. ss.
Decocti Cinchonæ fʒxv.
Tincturæ Gentianæ compos. ʒj.
M. fiat haustus ter quaterve die sumendus.

"Nor does the following appear to be an unchemical combination—

"℞ Zinci Sulphatis gr. ½.
Quiniæ Sulphatis gr. ij.
Infusi Rosæ compos. fʒx.
Tincturæ Aurantii,
Syrupi Aurantii, aa fʒj.
M. fiat haustus quartâ quâque horâ sumendus.

"In ulcerated sore throat a gargle of sulphate of zinc is often of the greatest local service: the following is among other forms that may be used:—

"℞ Zinci Sulphatis ℈j.
Aquæ Rosæ fʒvij.
Oxymellis Simpl. fʒj.
M. fiat gargarisma frequenter utendum.

"* Pharmacologia, vol. ii. p. 462."

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"As an emetic, sulphate of zinc is generally very rapid and very certain in its action, and well suited to those cases in which it is desired to empty the stomach of any poisonous contents. The average dose for this purpose is twenty grains.

"℞ Zinci Sulphatis ℈j
Aq. Menthæ viridis f℥jss.
Spt. Lavandulæ compos. f℥j.
Fiat haustus emeticus.

"At the commencement of febrile diseases, and in other analogous cases where emetics are administered, tartarised antimony and ipecacuanha, which tend to produce diaphoresis, independent of the mere exertion of vomiting, are to be selected in preference to sulphate of zinc.

"In the form of a dilute solution in distilled water, sulphate of zinc is a good astringent application; as such it is used in ophthalmia, after the vascular congestion and excessive irritability have been removed, and when the inflammation tends to become chronic.

"℞ Zinci Sulphatis gr. x.
Aquæ Rosæ f℥viij.
M. fiat collyrium.

"A similar or somewhat stronger solution may also be employed with advantage in the latter stages of gonorrhœa." 318.

To render the work still more useful Mr. Brande has added a posological table, a second of pharmaceutical equivalents, and a very ample and convenient index.

It will have been obvious from our copious extracts, and the attention we have bestowed, that we entertain a favourable opinion of this work. We warmly recommend it to our readers. Such a Manual of Pharmacy, emanating from an eminent individual, ought to be in the hands of every medical student, in the surgeries or shops of every surgeon or apothecary, and the first men of the profession will not refuse a place to it in their libraries, if they are actuated by utility and judgment in the selection of their books.

X.

An Analysis of Medical Evidence:—comprising Directions for Practitioners, in the View of becoming Witnesses in the Courts of Justice; and an Appendix of Professional Testimony. By John Gordon Smith, M.D. 8vo. pp. 386.

This, Dr. Smith informs us, is the first of several distinct works on particular subjects of medical jurisprudence, which he has

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projected, and which, we sincerely hope, he will accomplish in due time. Of elementary or general works on this branch of science, he thinks we have now enough—and that, therefore, the labours of those who are still inclined to work in this department will be most advantageously exerted "by concentrating their powers upon individual subjects." Under this impression Dr. Smith has selected the topic of *medical evidence*, one of the most urgent and important subjects, he conceives, within the whole range—a subject, the elucidation of which has been hitherto almost unattempted, with the exception of a few detached observations in the systematic works of Dr. Paris and Dr. Smith himself.

"The work is composed of two distinct parts: that which is more strictly original, and that which may, at first sight, appear to be little else than long and multifarious extracts, from sources of easy access. I might, perhaps, justly point to this portion of the volume as being the most important; while, in all probability, not a few may look upon it as the most interesting. I have to trouble the reader with a few prefatory remarks, with respect to both." xii.

In the first part, it has been Dr. Smith's object to excite the profession to think for themselves. The basis of this portion of the work was delivered, *ex ore*, before the medical society of London, and was there well received. We anticipate a similar reception from the public at large to this more developed performance.

Our author opens his work with an expression of surprise that no provision is made in this country for the tuition of medical ethics—a branch which he thinks is intimately connected with *medical jurisprudence*, for which also there is no provision in the schools of this country—England. This neglect, he observes, has brought down much unjust reproach upon medicine, as he fears not to assert that "the instances in which medical witnesses have come down from any judicial examination of importance, without suffering more or less injury, have not been many"—that those in which credit has been gained, have been fewer still—and that no instance is on record where "an individual reputation has been thereby *established*." We confess that this last circumstance excites in our mind neither surprise nor regret. It would not, we imagine, be well that a medical reputation should be *established* by the mere *eclat* of a display in a Court of Justice. We believe it is pretty well proved by universal experience, that a professional reputation, in medicine, is not to be acquired either by writings or speeches. These may put a man in the way of having his talents tested a little sooner—but we believe that nothing but

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the solid acquirement of knowledge at the bedside of sickness will ever *establish* a physician's or a surgeon's reputation. God forbid it should be otherwise! At the same time we honour the man who attempts to improve the appearance of a medical practitioner in the *witness-box*.

CHAP. I. *On Evidence.* "Witnesses in general, and medical witnesses among others, have little direct business, either with the law or the practice of evidence." If he tends to wander from the proper point he will be promptly checked. At the same time, our author observes, that it cannot be idle on the part of the medical practitioner, to acquire some knowledge of the manner in which he is to perform the important office of delivering evidence. It is considered that every man of liberal education should possess some knowledge of his municipal and political relations to the state—as well as of his individual rights and privileges. It is probable, as Dr. Smith observes, that medical men are less acquainted with jurisprudential matters than others of the same rank in society, from the circumstance of their not being called upon to serve on juries. The remainder of this chapter is taken up with the forms, or we might say, the formalities of swearing witnesses, the bearings of which on medical jurisprudence we confess we cannot always clearly see. Thus, we are informed by our author that Jews cover their heads and swear on the Pentateuch—those of the Roman and reformed Episcopal persuasions lay the right hand upon the Bible—Quakers merely make a solemn affirmation, &c.

II.—The second chapter is on the obligation to give medical evidence. It is almost unnecessary to say that a medical practitioner is liable to be called on for evidence, in common with his fellow citizens; but he is also liable to be subpœnaed in his *professional character*, to the great inconvenience of his daily avocations. But these attendances, as Dr. Percival remarks, in his Medical Ethics, are "appropriate debts to the community, which neither equity nor patriotism will allow to be cancelled." Here Dr. Smith has enveloped his ideas in such endless and tortuous circumlocutions, that we find it extremely difficult to unravel his real meaning or object. Thus, having given the attorneys a little touch on their tenacity of remuneration for judicial services, Dr. S. goes on as follows:—

"But it will be said that this retort is futile, because *we* are bound, in a way that others are not, to do all the labour that can possibly be required of us—even to build churches and bridges, cut canals, and make roads; supply the country with jails, attend them as turnkeys, and finally, 'to aid *the execution* of public justice,' by performing,

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without reluctance, the office that may be required from us, by a public functionary who shall be nameless, as soon as, in the rapid course of modern improvement, we shall become 'qualified by professional knowledge,' so to do." 30.

We put it to Dr. Smith's good sense, of which he has no lack, whether such passages as the above do not too closely border on the caricature, and consequently defeat the object which the author may have in view. We are ready to grant that attendances on Coroner's Inquests and other judicial proceedings, without any adequate remuneration, are very inconvenient, not to say oppressive, on the medical practitioner; but of what use is it to fill whole pages of a medical work with complaints on the subject. There is no redress. And if there was any prospect of redress, the appeal to those aggrieved can do no good, but only increase our discontent.

III. *Perplexities of Medical Witnesses.* The liberty which the advocate claims is often applied to the unworthy and unmanly purpose of unhinging the witness rather than eliciting truth. This, perhaps arises, in a great measure, from the frequent occasion which lawyers have of sifting and exposing characters of a depraved cast, so commonly met with in courts of justice. They are necessarily accustomed to mistrust, and estimate very low the claims of those they generally meet at the criminal bar. "Upon such occasions a timid or a stupid (medical) man may be ruined with his *eyes open*, because he is not so adroit at *opening his mouth*."* Doubtless a medical man, of the very first acquirements in his profession, may be thrown off his guard upon such occasions, and thus cut a ridiculous figure. We do not see that there is any thing to help him but his own shrewdness and circumspection—in short, it behoves him, as the common saying is—"to have his wits about him."

"Caution in speaking, as well as in preparing to speak, should be observed by him; and he should on no account answer a question till he clearly understands it, or pretend to frame an answer when he knows nothing of the matter. He should avoid conjectural observations, and continually bear in mind that what he says must stand upon record as signifying what he means. It will not do, under such circumstances, to receive one statement first, and afterwards substitute another. Such a practice would strike at the foundation of evidence. If it were allowable to honest men, it would be claimed by rogues; and justice could never be duly administered." 43.

* It is this kind of point and wit which we find fault with in Dr. Smith's work.

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This chapter closes with some animadversions on those who have thrown doubts on the power we possess of ascertaining whether or not a child has breathed, in cases of infanticide. We hope Dr. Smith, in his promised work on this subject, will clear away some of the obscurities and difficulties which have hitherto attended the various tests which have been resorted to for solving the problem.

IV. The fourth chapter is "on the difference of courts"—and is chiefly occupied with a rather tedious disquisition on the importance of medical evidence—and particularly on Coroner's Inquests. The following graphic description of the latter court is in Dr. Smith's peculiar manner and style.

"When we proceed to attend upon a Coroner's jury, we are not perhaps very likely to be reminded of the importance of the occasion by the aspect of the court. Throughout the kingdom (for the usage at large is the proper example to be cited, and not the custom of a particular place, least of all of the metropolis,) a medical practitioner, living in the neighbourhood where the transaction is going on, will in all probability find that the court, or tribunal, or persons to whom he is immediately answerable, are composed of those familiarly known to him; and very likely they may rank a step or two lower in the scale of society than he is habituated to associate with. The place of assembly is probably a mean apartment in a village ale-house, redolent of nicotian; and the beau-ideal of a 'Crowner's quest,' is very much the same as that of a *country-club*; saving that in the latter, the business is possibly discussed with more patience, and *the truth* is more frequently elicited; *in vino veritas—none in cervisiâ?* Too often are important grounds for inquiry slurred over: and evidence is frequently taken in such a way as manifestly shews that it is not wanted, any further than may be necessary to make a sufficient shew on the face of the proceedings. This being accomplished, if no troublesome person be present to disturb the even tenour of the way, and no unlucky juryman of sufficient intelligence to confuse the affair by putting an awkward question, the coroner tells the jury what they ought to do; the jury do as they are bid, and every body gets away in good time for dinner, or for supper, as the case may be." 59.

"Not long ago, an inquest was held at a short distance from London, the circumstances leading to which fell under my immediate observation, and were such as to induce me to attend as a spectator. The object was to inquire as to the manner in which a young unknown female came by her death. The body had been found floating in the Thames, and had been several days, apparently, in the water. The occasion was a perfect realization of what I have stated. There were from twelve to twenty honest tradesmen sitting round the public-house parlour; and the parish-beadle in attendance as officer of the court, with two or three witnesses—all grumbling, because Mr. Coroner was a little behind his

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time. It was the duty of the parish-surgeon to have attended, and he had been duly summoned for the purpose; but, he neither came, nor sent any one in his place, (probably in this he acted conscientiously,) nor forwarded any excuse; nor did the court seem to care in the least about the matter—probably they thought it as well that he neither gave them nor himself any trouble. Another practitioner, however, secured his admission, by a voluntary offer to be of whatever service was in his power. After going through the formalities, from 'O *yes*,' down to 'all persons not of the jury must withdraw,' they returned a verdict of 'Found drowned.' There was no doubt as to the case being one of accidental drowning, even in my own mind; but, as I thought the body should have been opened, and had some knowledge of the foreman, who on his part was aware that such things had formed a prominent object of my studies, I signified to him that their verdict was unwarranted, for that although they had proof enough as to the *finding*, there had not been a rag of evidence to shew that the deceased had been *drowned*. The honest and well-intentioned official went back instantly to his brethren with a view of getting them to re-consider their verdict; but that was a task not to be accomplished by a mere mortal juryman; it was too late—too late in the proceedings, and what was more, too late in the day. It was '*nunc est prandendum*,'—there it ended, and the shadows closed upon a niggard sod that covered—nobody-knew-whom, and few cared what; a suicide, or a victim of complicated violence: the coroner filled up his paper, and the jury went to bed as they had done the night before, *requiescere in pace*; which was more than was supposed to have fallen to the lot of the poor stranger." 61.

V. The fifth chapter is on "party bias;" and contains a long and serious admonition to the medical witness—not to lean to either side—but to tell the truth, the whole truth, and nothing but the truth.

VI. The sixth chapter is entitled—"of the most advisable manner of giving evidence." The opening of the chapter is calculated to damp expectation—if any man could be so insane as to expect *rules* for giving evidence, under "circumstances that vary like the aspect of the clouds, and cannot be fixed as a basis for instruction."

"To this chapter one might fancy all the lame portion of the community hastening, regardless of what precedes or what follows, in the hope that a miraculous healing will attend the dip. But, alas, my friends! this is not a pool for the cure of your malady. If such be your views of your own case, many of you must be too far gone to hope for relief, and if so, all you can rely upon for comfort is the chance (that has happened to some) of being able to avoid exciting causes. There is no nearer road to the realization of your wishes than to begin

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at the beginning of that knowledge which alone can stand you in stead, and which, as it is not the object of the whole *volume* to impart it, you ought not to expect from any individual chapter." 77.

The four remaining chapters we must entirely pass over, as totally insusceptible of analysis. They will be found well worthy of perusal by all those who wish to prepare themselves for the important office of bearing witness in Courts of Justice.

We now come to the second part of the work, entitled the APPENDIX, and occupying more than 200 pages of closely printed letter-press. It is divided into two parts—the first "consisting of additional notes and elucidations"—the second, "consisting of medical depositions, examinations, &c." This portion of the work is, in reality, worth treble the price affixed to the whole performance, and does great credit to the labour and research of our ingenious author.

We shall be able to glance but superficially over the immense number of topics broached or discussed in this Appendix—still we shall probably not employ a few pages uselessly on this part of the work.

Medical Ethics. Under this head our author makes some pertinent remarks on the London schools of medicine. He thinks there is a general attempt, on the part of teachers, to execute *too much*—that is, they attempt too many branches. Secondly, there is not time enough to teach. A course of lectures has no definite meaning. One man must make his course subservient to the convenience of attending that of another, and so on. If he do not, he will get no pupils.

We were grieved to find a man of so liberal a turn of mind as Dr. Smith, give way, *and that under the head of Medical Ethics*, to sarcastic remarks like the following.

"*Thirdly*,—There are too many *professors*. Look for example at the men-midwives, to whom a course of lectures, or a supposed *squad of pupils*, is more essential now-a-days than a *pair of forceps*. They are all *Doctores* too, with very few exceptions; and must have become so, in order to entitle themselves to be called *teachers*, it not being requisite for practice—the College of Physicians having ceased to take cognizance of Obstetrics." 162.

Dr. Smith does not seem to know that, both in the metropolis, and throughout the whole kingdom, there is not a more able, intelligent, and we fearlessly add, *useful* class of practitioners than the *physician-accoucheurs*.

Dr. Smith takes a glance at the Edinburgh school of medicine, and seems to take umbrage at the regulation lately made,

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compelling physicians to attend a course of *midwifery*—"while they have omitted that *magnificent and far more important branch*"—medical jurisprudence!* Much as we admire the *magnificence* of legal medicine, we cannot allow that it is *far more important* than midwifery. We apprehend that Dr. Smith will ultimately find this sentiment of ours in accordance with that of the public, of the profession—of fathers, mothers, brothers—and even pupils. We will here take the liberty of remarking that, although we would condemn the academical law that should overlook legal medicine, as a branch of study, we highly applaud the clause that renders the study of midwifery imperative. When we consider the numerous, and we might safely say the *peculiar diseases* to which the pregnant and parturient state is subject, we cannot but wonder that the study of midwifery should not have, long ago, been made essential to the qualifications of the physician, who is called in upon all cases of danger. Who would trust his wife or sister, when labouring under a dangerous puerperal disease, in the hands of a physician who considered the study of midwifery totally beneath his notice, and who chose rather to employ a leisure hour in the study of forensic subtleties? Such physician must look for practice at Coroner's inquests, and expect his fees in Westminster Hall.

"*Revelation of Secrets.*—There is a charm about the name of GREGORY, of which I am not afraid to avow the influence,—the less so, as their day is apparently gone by. Although the name be not extinct, at present we miss the light that till of late shone so brilliantly on medicine. Let this be a sufficient apology for the following quotation:—

"'Secrecy is particularly requisite where women are concerned. Independently of the peculiar tenderness with which a woman's character should be treated, there are certain circumstances of health, which, though in no respect connected with her reputation, every woman, from the natural delicacy of her sex, is anxious to conceal; and in some cases, the concealment of these circumstances may be of consequence to her health, to her interest, and to her happiness.' These are the words of the author of 'The Father's Legacy to his Daughters.'" 170.

This is good advice. But we confess we do not see the necessity for occupying nearly a page with the well-known oath of Hippocrates, which, although it contains many good ethical precepts, is, at the same time, lumbered with many items which no man could safely swear to in the present state of so-

* Dr. Smith will be gratified to find that the Senatus Academicus have not omitted legal medicine.

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ciety. We do not merely allude to the absurd oath against lithotomy; but to many other injunctions, as swearing to provide for his master, and teach his master's children their profession gratis. These would be cumbrous clauses in a modern indenture! We quote the following passage with approbation.

"*Medicine not a proper Subject of Traffic.*—I do not mean to hint that men should not live by their calling; but, as a liberal profession, I would insist that the healing art should be considered only as the practical application of a science, to which all men of extensive education might do well to devote some attention. As far as the bodily structure *meets the eye*, this is very widely the case; hair, eyes, ears, teeth, nails, skin, and their accidents and derangements, are the objects of considerable solicitude, on the part of many who would in no way busy themselves by attending to corresponding matters, that equally and more vitally interest them. Dr. Gregory argues well for the study of medicine on the part of gentlemen who may not intend to practise it. The closing words of his lectures are these:—

"'I hope I have advanced no opinions in these lectures, that tend to lessen the dignity of a profession which has always been considered as most honourable and important. But I apprehend this dignity is not to be supported by a narrow, selfish, corporation spirit; by self-importance, by a formality in dress and manners, or by an affectation of mystery. The true dignity of physic is to be maintained by the superior learning and abilities of those who profess it, by the liberal manners of gentlemen, and by that openness and candour which disdain all artifice, which invite to a free inquiry, and thus boldly bid defiance to all that illiberal ridicule and abuse, to which medicine has been so much and so long exposed.'—*Gregory.*"

On the subject of "medical liberality," Dr. Smith makes some good observations, and triumphantly proves, that medical men make more sacrifices to humane feelings than men of any other learned profession, not even excepting the Church. We extract the following anecdote:—

"Shall I be pardoned an anecdote? It is *literally* a fact, and very widely applicable. A surgeon of my acquaintance, of most liberal views and conscientious principles, was called to see a person in the garb of a gentleman, who, in travelling through the place, was overturned in a carriage, and apprehended that he had dislocated his shoulder. After careful examination, my friend pronounced the stranger to be free from injury. The other coolly inquired, what he was to pay? The surgeon, somewhat piqued, answered, 'Nothing,' and walked away. It came to his knowledge, soon afterwards, that this person related the circumstance of his having for once met with *an honest surgeon*, who declined taking a fee when he found there was no work to be performed! Without referring to the study and expense the practitioner had been put to

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ere he could acquire the knowledge requisite to enable him to pronounce an opinion of a nature to set the fellow's mind at ease, I shall be uncharitable enough to suppose, that such a narrow-minded being would have been the very person to have brought an action for *mala praxis* had he suffered inconvenience from an erroneous opinion." 176.

At page 180, Dr. Smith enters pretty fully, but, we think, not very perspicuously, into the celebrated trial of Captain Donellan, for the murder of Sir Theodosius Boughton, concluding, apparently, that the verdict was just—contrary to the opinion of John Hunter and some other distinguished men of that and the present time.

We were rather gratified to find that the prognostication conveyed in the following passage was rather premature, since, at the moment we are writing this, we find Dr. Smith announced as a lecturer on medical jurisprudence at the Royal Institution.

"For several years I had entertained the hope that, by a sedulous cultivation of the literature, and an attentive application to the practical bearings of this science, I might qualify myself, in some measure, for aiding those whom it equally concerns to prepare for the difficulties and perplexities that ordinarily harrass the medical witness. Under this impression, I have spent not only time and labour, but other things that men sometimes value above these, in the preparation; without seeing that there is a present prospect of success—even as to an opportunity of lending a helping hand. It is a slur, perhaps, on the profession—but it is the truth—that, had I proceeded to offer such a course of Lectures as alone I would pretend to offer, the signs of encouragement were greater from the juridical than from the medical quarter of those whom such a course of instruction might concern. For the gratification of my own mind, I shall not cease to express my views of topics that I have now acquired some means of investigating; but I apprehend that my labours must be confined hereafter to books—or to parallel modes of imparting any acquisitions I may persuade myself, from time to time, would be worthy of submission to the reading portion of the medical community." 190.

We now come to Dr. Smith's laborious collection of trials—which are not only curious and interesting, as historical and judicial documents of human depravity and retributive justice—but often instructive, as exhibiting the phenomena resulting from poisons exhibited or injuries inflicted, with the view of destroying life. It cannot be supposed that we can attempt any thing like an analysis of such a mass of judicial proceedings; yet it may not be uninteresting to glance at a few of them, before we close this article.

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1. The first on the list is the trial of Miss Blandy, for administering arsenic to her own father! A Scotch officer, of the name of Cranstoun, had furnished her with a powder, which, if administered to her father, was to have the effect of making him relent and give consent to their marriage! It is probable that the infatuated girl was not aware of the dreadful work she was doing. At least she declared so on the scaffold. The trial took place, about 70 years ago, at Oxford—and the chemical evidence of Dr. Addington and Dr. Lewis shews how much toxicology has improved since their time. The symptoms exhibited by the unfortunate victim of the execrable Cranstoun, were those which are now well known to follow the exhibition of arsenic, and there is every reason to believe that the wretched daughter and unnatural parricide suffered justly the death of ignominy on the gallows.

2. The trial of Elizabeth Fenning, in 1815, for mixing arsenic with dumplings, with intent to kill and murder, contains such acute commentaries on the medical evidence delivered in this case, that we are inclined to give it as it stands in the Appendix, hoping it may have a salutary influence on those who may appear in the character of witnesses in future.

"*Case of* Elizabeth Fenning, *tried at the* Old Bailey, *April 11th, 1815, for administering Poison, with intent to Kill and Murder.**

"It is necessary to premise—that the prisoner was charged with having mixed arsenic with yeast dumplings. The first witness (her mistress) described the dough as not rising when placed before the fire for that purpose; that its shape was singular, and that this shape was retained till the last. When the dumplings had been boiled, and were brought to the table, the witness observed that they were black and heavy, and, soon after eating part of one of them, she was seized with illness; and her father and husband, who likewise partook of them, also sickened.

Mr. Orlibar Turner deposed, that he had been taken ill after partaking of the dumplings in question: that, entertaining suspicions of arsenic, he next morning made a search: that he added water to the remains of the dumplings in the pan in which the dough had been mixed, and that, after stirring the whole together, and setting down the pan for

"* From a pamphlet, entitled 'Important Results of an Elaborate Investigation into the Mysterious Case of Elizabeth Fenning, &c. by John Watkins, L.L.D.' In this publication, the report is stated to be much more minute than those published elsewhere.

"The editor, or author, styles the affair 'one of the most extraordinary cases that ever happened in a civilised state.'—*Preface.*"

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half a minute, he discovered a white powder at the bottom of it, which he locked up till *Mr. Marshall*, the apothecary, came: that arsenic had been kept in a drawer in the office, in two wrappers tied round, and 'Arsenic, deadly poison,' written on it: that the prisoner could read and write very well: that the drawer had always remained open, and that any person might have access to it: that he had kept two of the knives with which the dumplings had been cut, and that *he had observed them black the next day:* the arsenic he subsequently stated to have been kept for the purpose of destroying mice.

"*Mr. John Marshall* sworn.—I am a surgeon. On the evening of Tuesday, the 21st of March, I was sent for to *Mr. Turner's* family: I got there about a quarter before nine: all the symptoms attending the family were produced by arsenic: *I have no doubt of it, by the symptoms:* the prisoner was also ill, by the same, I have no doubt.—Did *Mr. O. Turner* shew you a dish the next morning? He did; I examined it; I washed it with a tea-kettle of warm water; I first stirred it, and let it subside; I decanted it off; I found half a tea-spoonful of white powder; I washed it the second time; I decidedly found it to be arsenic.—Will arsenic, cut with a knife, produce the appearance of blackness upon the knife? *I have no doubt of it.**

" * The following is part of the comment on this gentleman's evidence: —'Mr. M. deposes, that there was, in the remains of the dough sticking round the dish in which the *Turners'* dumplings were made, half a tea-spoonful of arsenic. If the arsenic was mixed with the flour at the time of making the dough, it was doubtless spread and incorporated throughout the whole mass in uniform proportion. Every one, in the habit of going into the kitchen, knows about how much dough is left in a dish, after making dumplings; if collected, it would hardly exceed the size of a walnut, or one-eighth of a dumpling. If, therefore, there was in that quantity half a tea-spoonful of arsenic, which, it has been ascertained, would weigh at least fifty grains, there would have been, in the four dumplings and a half actually eaten, a quantity of arsenic weighing 1,800 grains. Now, as five grains of arsenic would destroy any human being who swallowed it, the quantity in *Mrs. Turner's* quarter of a dumpling was equal to the death of ten persons; that in her husband's dumpling and a half would have killed 120; and if *Mr. O. Turner* and *E. Fenning's* proportions of dumpling were alike, each of theirs held a proportion equal to the death of 110 persons; so that the quantity of arsenic in the four dumplings and a half, would have destroyed 360 people! The large portion of arsenic, therefore, in the small quantity of dough remaining in the dish after making the dumplings, is only to be accounted for by supposing that a portion of arsenic was sprinkled or strewed upon the surface of the dough whilst in the pan or dish before the fire; in which case, upon making the dough into dumplings, although the greater quantity would be incorporated, yet a considerable portion would fall off into the dish. * * * * * Mr. M. found it to be *arsenic*, but he has not stated how he *knew* it to be so. Did Mr. M. by mere inspection, find it to be so? Or did he find it to be so on the authority of any other person? Did he *test* it, and when? What *tests* did he use? What *became* of the arsenic? * * * Was the dish the only vessel, except the flour-tub and yeast-basin, that Mr. M. examined? Did it not occur to him to examine the pot in which the dumplings were boiled?

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"According to the principle upon which this Appendix is constructed—that of avoiding, as entirely as possible, all extra-professional testimony, and moral considerations, I have confined myself closely to the medical relations of this investigation. Of Dr. Watkins I have not the least personal knowledge. At the time of the transaction, I was engaged in the busy scenes that were passing near Brussels and at Paris—inattentive to the politics of the Old Bailey, and ignorant of this particular event, any farther than a slight acquaintance with newspaper records might have prevented—but of which I retain not the slightest consciousness. I did not revisit England for more than three years afterwards, and my attention was not directed to the case until a still longer period had elapsed—so that I may safely declare myself free from all bias with regard to persons and interests. Looking at its merits as a medico-legal investigation, I cannot but feel deeply interested; and do consider it right to direct those who may wish for a full and important lesson on the nature and abuse of testimony, to consult this very curious and able pamphlet. It gives a vivid lesson on the duties of a medical witness, whatever may have been the truth as to the guilt of the party accused. I shall restrict any farther use of it, in this place, to the following extract.

"'*Effects of Arsenic upon Yeast Dough.*—That part of the evidence relative to the weight and colour of the dumplings, and particularly of

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What became of the water they were boiled in? Was there any more arsenic held in solution in that water, after a quarter of an hour's boiling of the dumplings, than would have escaped from them? Did Mr. M. inquire where the water was got from that the dumplings were mixed with, and did he inspect the vessel it was fetched in? Did he examine the milk-can that hung in the kitchen? and the salt-vessel from which the salt was taken for the dumplings? Did he examine the sauce? * * *.'

"'*Mr. Marshall* is asked if arsenic, cut with a knife, will produce the appearance of blackness upon the knife? He immediately answers, '*I have no doubt of it.*' Was *Mr. Marshall* aware that he was giving evidence and opinions upon oath, which from him, *as a professional man*, the jury would assume as true; but which, if they had been uttered by a man not professional, would have had no weight with them? Did not *Mr. Marshall* know, when he swore he had *no doubt* arsenic would turn a knife black, that the jury would believe, upon that oath, that arsenic *would* turn a knife black?' * * * * 'Mr. Marshall swore that ALL THE SYMPTOMS attending the family WERE PRODUCED BY ARSENIC: he had no doubt of it—BY THE SYMPTOMS! He likewise swore, that the white powder in the dish he decidedly FOUND to be ARSENIC; and he also swore—that he had *no doubt* ARSENIC would BLACKEN a knife.'

"The acuteness and pertinence of these questions require no elucidation; but as they do not come from an ostensibly professional quarter, I think it my duty to refer to opinions that have been expressed by proper judges of the medical bearings of this part of the case, viz. the verification of the poison. The reader may consult the reviews of Mr. Marshall's own subsequent publications—particularly that in the London Medical Repository, vol. viii p. 158—and the Edinburgh Medical and Surgical Journal, vol. xiii. p. 518."

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Mrs. Turner's evidence, manifestly tended to persuade the jury that their heaviness and blackness were in consequence of arsenic being in the *dough;* a persuasion, the effect of most loose and erroneous reasoning, and entirely devoid of rational support. *If* the dumplings were *poisoned* at all, and there is NO EVIDENCE that they were—*if* they were poisoned with *arsenic*, and no witness proves that there was a single grain of *arsenic* in the *dumplings;* but, admitting that they were, the reasonable presumption is, that the arsenic was not incorporated in the dough at the time of the making, but that it was sprinkled or strewed on, after the dough was put before the fire *to rise.*

" ' Now, it is by no means difficult to incorporate arsenic with dough prepared for dumplings, commonly called *yeast* dumplings, *after the first mixing* of the ingredients, so as to render the dough poisonous to any person who may eat of it. The *colour* of *arsenic* is not different from the colour of *flour;* one resembles the other so closely, that none but a person acquainted with the peculiar characteristics of *arsenic* can distinguish it from flour, even when *casually* sprinkled, *still less* when the two substances are mixed together.

" ' *Arsenic* mixed with dough containing *yeast*, will *not* prevent the mixture from *rising*, ALTHOUGH the quantity of *arsenic* EXCEED TWO THIRDS *of the mass.* It is generally known, that *yeast* contains a large quantity of *carbonic acid gas* in a concentrated state: the effect of heat extricates the bubbles of *gas*, and, in the act of extrication, distends the dough until all further attraction for *caloric*, or heat, ceases, by the total absence of *gas.* In this state, if the mass be confined at its sides, its surface will become elevated, and present the appearance of what is termed *rising.*

" ' It is evident, that to prevent dough from *rising*, the extrication of *carbonic acid gas* by *caloric*, or heat from the fire, must also be prevented; and this can only be done by saturating the *gas* with an *alkali*, thereby breaking down the chemical *aggregation* which is produced by the affinity of an acid to an alkali. Arsenic not being an alkali, and, therefore, incapable of saturating *carbonic acid gas*, it *cannot* prevent dough, or any other matter containing *carbonic acid gas*, from *rising*, when exposed to the action of *caloric* or heat.* Hence it is clear, that so much of the recorder's charge to the jury as instructed them that the heaviness and black appearance of the dumplings were occasioned by the arsenic, was nugatory, and unsupported by fact or experience.'

" ' *Effects of Arsenic upon the Knives.*—That arsenic did not blacken the *two* knives produced by *Mr. O. Turner* on the trial, out of the *three* used up stairs at dinner, is as certain as that *Mr. Marshall* swore it would blacken them. A yeast dumpling, compounded with a very large proportion of arsenic, was boiled, and afterwards cut to pieces with a knife, purposely cleaned. The knife was carefully put by, with whatever of the dumpling remained on its sides after cutting; when dry, the crumbs were removed, and there was not the least blackness on the knife.

" * A note here states these conclusions to be the *result of experiments.*"

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" ' A gentleman of chemical eminence, in the city, put more arsenic into a pint of water than could be held in solution, and boiled it at a sand heat. A clean knife being placed in the water while hot, remained there until it was cold. The knife was then taken out wet, and remained untouched until the blade became perfectly dry. It was in no way whatever discoloured.

" ' Arsenic, moistened with water, has been formed into a sort of paste, and placed upon the blade of a knife to dry there, without producing any discoloration on the surface of the blade. Arsenic, moistened with water, has been rubbed upon the blade of a knife with the fingers, and suffered to dry on, without changing the colour of the steel. The production of the *two* blackened knives, therefore, was no more proof of the presence of arsenic in the dumplings, than *Mr. Marshall*'s testimony to that effect.' " 211.

The celebrated trial, at Launceston, of Mr. Donnall, surgeon, for the murder of Mrs. Downing by poison, occupies 20 pages of Dr. Smith's work, and is a good exemplification of the discrepancies of medical testimony in Courts of Justice. We know not whether the Judge and Jury were enlightened or darkened by the professional statements in this case—we should suppose they were not a little bewildered. Dr. Smith must expect and wish that his book shall descend to posterity. There is one defect, then, which we occasionally see—namely the omission of the final issue of the trial. In Mr. Donnall's case, for instance, we are left in the dark whether he was hanged or acquitted. The trial, it is true, is too recent not to be remembered—but will it be fresh in memory 30 or 40 years hence?

Our limits are already over-stepped, and we must bring this article to a termination. From page 250 to page 267 is given the far-famed trial of Captain Donellan for the exhibition of laurel water to Sir Theodosius Boughton. We have read the medical testimony with attention, and must say that we entertain little or no doubt that poison was administered and caused the Baronet's death. We are also constrained to say that the evidence of Mr. John Hunter, on this occasion, was a disgrace to such a man. But we will give it here, together with Dr. Smith's commentary, as a curious piece of forensic history.

" *Mr. John Hunter* sworn.* 1. Have you heard the evidence that has been given by these gentlemen? I have been present the whole time.—2. Did you hear *Lady Boughton*'s evidence? I heard the

" * The questions put to Mr. Hunter are numbered, for the reason assigned in the former part of the Appendix, (page 187,) and for the more ready application of the subjoined remarks, which I have thereby been enabled to abbreviate materially."

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whole.—3. Did you attend to the symptoms her ladyship described as appearing upon *Sir Theodosius Boughton*, after the medicine was given him? I did.—4. Can any certain inference, upon physical or chirurgical principles, be drawn from those symptoms, or from the appearances, externally or internally, of the body, to enable you, in your judgment, to decide that the death was occasioned by poison? I was in London then; and a gentleman who is in court waited upon me with a copy of the examination of *Mr. Powell* and *Lady Boughton*, and an account of the dissection, and physical gentlemen's opinion upon that dissection.—5. I don't wish to go into that, I put my question in a general way? The whole appearances upon the dissection explain nothing but putrefaction.—6. You have long been in the habit of dissecting human subjects? I presume you have dissected more than any man in Europe? I have dissected some thousands during these thirty-three years.—7. Are those appearances you have heard described, such, in your judgment, as are the result of putrefaction in dead subjects? Entirely.—8. Are the symptoms that appeared after the medicine was given, such as necessarily conclude that the person had taken poison? Certainly not.—9. If an apoplexy had come on, would not the symptoms have been nearly or somewhat similar? Very much the same.—10. Have you ever known or heard of a young subject dying of an apoplectic or epileptic fit? Certainly; but, with regard to the apoplexy, not so frequent; young subjects will perhaps die more frequently of epilepsies than old ones; children are dying every day from teething, which is a species of epilepsy arising from an irritation.—11. Did you ever, in your practice, know an instance of laurel-water being given to a human subject? *No, never.*—12. Is any certain analogy to be drawn from the effects of any given species of poison upon an animal of the brute creation, to that it may have upon a human subject? As far as my experience goes, which is not a very confined one, because I have poisoned some thousands of animals, they are very nearly the same; opium, for instance, will poison a dog similar to a man, arsenic will have very near the same effect upon a dog, as it would have, I take for granted,* upon a man; I know something of the effects of them, and I believe their operations will be nearly similar.—13. Are there not many things which will kill animals almost instantaneously, that will have no detrimental or noxious effect upon a human subject; spirits, for instance, occur to me? I apprehend a great deal depends upon the mode of experiment; no man is fit to make one, but those who have made many, and paid considerable attention to all the circumstances† that relate to experiments. It is a common experiment, which I believe seldom fails, and it is in the mouth of every body, that a little brandy will kill a cat: I have made the experiment, have killed several cats, but it is a false experiment; in all those cases where it kills the cat, it

"* Loose language enough, as *testimony*."

"† This observation is founded in good sense; it bears out the advice given in the text, page 140."

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kills the cat by getting into her lungs, not into her stomach; because if you convey the same quantity of brandy, or three times as much, into the stomach, in such a way as the lungs shall not be affected, the cat will not die; now, in those experiments that are made in forcing an animal to drink, there are two operations going on, one is a refusing the liquor by the animal, its kicking and working with its throat to refuse it; the other is the forcing the liquor upon the animal; and there are very few operations of that kind, but some of the liquor gets into the lungs; I have known it from experience.—14. If you had been called upon to dissect a body suspected to have died of poison, should you or not have thought it necessary to have pursued your search through the guts? Certainly.—15. Do you not apprehend that you would have been more likely to receive information from thence than any other part of the human frame? That is the track of the poison, and I should certainly have followed that track through.—16. You have heard of the froth issuing from *Sir Theodosius's* mouth a minute or two before he died; is that peculiar to a man dying of poison, or is it not very common in many other complaints? I fancy it is a general effect of people dying in what you may call health, in an apoplexy, or epilepsy; in all sudden deaths, where the person was, a moment before that, in perfect health.—17. Have you ever had an opportunity of seeing such appearances upon such subjects? Hundreds of times.—18. Should you consider yourself bound, by such an appearance, to impute the death of the subject to poison? No, certainly not; I should rather suspect an apoplexy, and I wish, in this case, the head had been opened to remove all doubts.—19. If the head had been opened, do you apprehend all doubts would have been removed? It would have been still farther removed, because, although the body was putrid, so that one could not tell whether it was a recent inflammation, yet an apoplexy arises from an extravasation of blood in the brain, which would have laid in a coagulum. I apprehend, although the body was putrid, that would have been much more visible than the effect any poison could have had upon the stomach or intestines.—20. Then, in your judgment, upon the appearances the gentlemen have described, no inference can be drawn from thence that *Sir Theodosius Boughton* died of poison? Certainly not, it does not give the least suspicion.

" (Cross-examined by *Mr. Howorth.*) 21. Having heard the account to-day, that *Sir Theodosius Boughton*, apparently in perfect health, had swallowed a draught which had produced the symptoms described, I ask you, whether any reasonable man can entertain a doubt that that draught, whatever it was, produced those appearances? I don't know well what answer to make to that question.—22. Having heard the account given of the health of this young gentleman on that morning, previous to taking the draught, and the symptoms that were produced immediately upon taking the draught, I ask your opinion, as a man of judgment, whether you don't think that draught was the occasion of his death? With regard to his being in health, that explains nothing; we frequently, and indeed generally, see the healthiest people dying

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suddenly, therefore I shall lay little stress upon that: as to the circumstances of the draught, I own they are suspicious; every man is as good a judge as I am.—*Court.* You are to give your opinion upon the symptoms only, not upon any other evidence given.—23. *Mr. Howorth.* Upon the symptoms immediately produced, after the swallowing of that draught, I ask whether, in your judgment and opinion, that draught did not occasion his death? I can only say, that it is a circumstance in favour of such an opinion.—24. *Court.* That the draught was the occasion of his death? No; because the symptoms afterwards are those of a man dying, who was before in perfect health; a man dying of an epilepsy or apoplexy, the symptoms would give me those general ideas.—25. It is the general idea you are asked about now; from the symptoms which appeared upon *Sir Theodosius Boughton* immediately after he took the draught, followed by his death so very soon after; whether, upon that part of the case, you are of opinion that the draught was the occasion of his death*? If I knew the draught was poison, I should say, most probably, that the symptoms arose from that; but when I don't know that that draught was poison, when I consider that a number of other things might occasion his death, I cannot answer positively to it.—26. You recollect the circumstance that was mentioned of a violent heaving in the stomach? All that is the effect of the voluntary action being lost, and nothing going on but the involuntary. —27. *Mr. Howorth.* Then you decline giving any opinion upon the subject? I don't form any opinion to myself; I cannot form an opinion; I can conceive, if he had taken a draught of poison, it arose from that; I can conceive it might arise from other causes.—28. If you are at all acquainted with the effects and operation of distilled laurel-water, whether the having swallowed a draught of that, would not have produced the symptoms described? I should suppose it would; I can only say this, of the experiments I have made of laurel-water upon animals, it has not been near so quick; I have injected laurel-water directly into the blood of dogs, and they have not died; I have thrown laurel-water, with a precaution, into the stomach, and it never produced so quick an effect with me as described by those gentlemen.—29. But you admit that laurel-water would have produced symptoms such as have been described? I can conceive it might.—30. *Mr. Newnham.* Would not an apoplexy or an epilepsy, if it had seized *Sir Theodosius Boughton* at this time, though he had taken no physic at all, have produced similar symptoms too? Certainly.—31. Where a father has died of an apoplexy, is not that understood, in some measure, to be constitutional? There is no disease whatever that becomes constitutional, but what can be given to a child. There is no disease which is acquired,

"* It is almost incomprehensible, how a man of any acuteness, or even one without acuteness, who should pay but ordinary attention to such a jumbled question, would proceed to answer it. Here a lawyer sets out with a declaration that he asks a question about 'the general idea,' (which in itself carries no meaning,) and then specifies *a particular fact* on which the question is really built."

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that can be given to a child; but whatever is constitutional in the father, the father has a power of giving that to the children; by which means it becomes what is called hereditary: there is no such thing as an hereditary disease, but there is an hereditary disposition for a disease*. 32. *Mr. Howorth.* Do you call apoplexy constitutional? We see most diseases are constitutional; the small-pox is constitutional, though it requires an immediate cause to produce the effects. The venereal disease is hereditary. I conceive apoplexy as much constitutional as any disease whatever.—33. Is apoplexy likely to attack a thin young man who had been in a course of taking cooling medicines before? Not so likely, surely, as another man; but I have, in my account of dissections, two young women dying of apoplexies.—34. But in such an habit of body, particularly attended with the circumstance of having taken cooling medicines, it was very unlikely to happen? I do not know the nature of medicines so well as to know that it would hinder an apoplexy from taking an effect.—35. *Court.* Give me your opinion, in the best manner you can, one way or the other, whether, upon the whole of the symptoms described, the death proceeded from that medicine, or any other cause? I do not mean to equivocate, but when I tell the sentiments of my own mind, what I feel at the time, I can give nothing decisive.'

"I shall now add the remaining part of the commentary which I have ventured to insert upon this important passage in medico-legal history, and which relates entirely to the course of examination pursued with Mr. Hunter.

"Had he been allowed to proceed with the intended answer 4, something would perhaps have come out that would have given a different turn to the whole affair. A simple query from *Mr. Howorth*, as to the specific use *Mr. Hunter* had made of the information communicated at that time, would have brought out something probably worth knowing. The answer to 10 is nothing to the purpose. Apoplexy is not the disease of young men nearly twenty-one†; and the nature of epilepsy does not favour the supposition of a person going off in *the first* fit of that disease at such a period of life. Answer 13 is mere bye-play; and though 14 may appear very pertinent, such an examination, however desirable to have been made, when the issue undergoes a mystification on account of its neglect, is not universally necessary, particularly in cases of vegetable poisoning, such as that in question. The answer to 18 is specious enough; but if the head had been opened, and congestion had been found, would Mr. Hunter have maintained that such an appearance discountenanced the supposition of death by narcotic poison? As to coagula (19), the statement that extravasation *must* take place in apoplexy, was (to say the least of it) loose on the part of such an authority. The answer to 22 is decidedly favourable to the evidence on behalf of the crown. Contrast it with that of 20—it savours of contradiction. With regard to questions 23, put by the counsel for the crown, and 24,

"* See Principles, page 521." "† Look at the answer 33."

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put (for the more certain understanding of the other) by the judge, is there not a flat contradiction in the answers, followed by an unintelligibly constructed sentence in place of an explanation? At 24 he seems inclined to evade, by an incomprehensible allusion to the symptoms of persons dying in perfect health; as if there were established symptoms of that nature: if the words are correctly taken down, what do they mean? Have they any meaning at all? At 25 he says, '*If* I knew' —here he must mean of his own knowledge, from having made the draught up himself, for he discredits the crown witnesses if he did *not* know. As to 26, I ask whether narcotic poisons do *not* suppress voluntary action? What does he say to 27? He extinguishes his own torch completely. 28 is merely waiving the question, and to 29 he says fully as much against the prisoner as any thing uttered by him in the course of the examination, or his whole evidence taken together, could possibly be construed to make in his favour. And when at last urged for an opinion of any sort, either way, (35,) what does it all come to? 'I can give nothing decisive.'

"Now, whether the unfortunate prisoner suffered wrongfully or not, I will not take upon me to infer; but I cannot help thinking, that the evidence of the only professional witness brought forward on his behalf, should go for very little, and that, as the ground for forming an opinion, it is not at all to be entertained, when contrasted with that adduced on the part of the prosecution." 267.

We recommend the work, more especially the Appendix, to our brethren, as containing a CORPUS HISTORICUM of medical evidence, remarkably well calculated to excite to the study of forensic medicine, in its various and extensive bearings. The profession is under a great obligation to Dr. Smith for the labour which he has bestowed upon the work in general, and the Appendix in particular.

XI.

Elements of Pathology and Therapeutics, being the Outlines of a Work intended to ascertain the Nature, Causes, and most efficacious Modes of Prevention and Cure of the greater number of Diseases incidental to the Human Frame; illustrated by numerous Cases and Dissections. By CALEB HILLIER PARRY, M.D. F.R.S. &c. Vol. I. General Pathology. Second Edition. 8vo. pp. 374, with an Appendix, pp. 46. London, January, 1825.

WE were among the first to hail with approbation the original edition of this work, and none of his warmest friends could

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have, more sincerely than ourselves, deplored the lingering but fatal stroke which deprived the world of its author. Dr. Parry's Elements of Pathology, though not without defects of a most important kind, will stand an honorable monument of British medicine, as long as the science itself continues to be cultivated. We twice brought it before our readers in very extended analyses, and therefore we have only to notice in this article the Appendix of new matter—which, by the way, Dr. Parry ought to have published in a separate form for the benefit of the holders of the first edition, since very little alteration is here made in the text of the original work. It is particularly with the view of supplying this omission of the present editor, that we shall dedicate a space to the Appendix, somewhat out of proportion to its actual magnitude, though not more than commensurate with its real value.

Of the elder Parry's proposed second volume, this Appendix was the only portion completed, when an assault of apoplexy put a period to that lamented physician's professional career—though life was protracted for some years afterwards. It is also remarkable that the last page of it was finished on the day preceding the melancholy event abovementioned! such is the frail tenure of man's existence—such the uncertainty of his mundane prospects!

The portion of work then, to which we have to draw the attention of our readers, forms, as it were, the preliminary dissertation to the therapeutic or second volume, which is promised by the son of the deceased author. It is more etiological than any part of the first volume, as far as remote causes are concerned. It is on "*the effects of habits in creating predisposition to disease*," and is divided or arranged in the same aphoristic manner as the preceding part of the publication. This method has its disadvantages—but is not without its advantages also. The matter, however, is valuable, whatever be the form in which it is conveyed.

In the preceding part of the work, Dr. Parry had endeavoured to establish certain general principles regarding the majority of diseases, and to shew that, *in all*, there was one condition, either cognizable by the senses, or admissible by induction; namely, a degree of fullness or momentum of the blood, excessive with regard to the usual state of the vessels of the part, or other circumstances of the system. He now comes to an inquiry relative to the more remote causes, whether constituting predisposition or excitement. And first it is to be inquired why man, in civilised life, is more prone to disease than man in a state of Nature.

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1. A primary cause may be traced to that disposition, (exhibited from the cradle to the grave) for gratifying every want, and removing every present suffering. This disposition, it is true is inherent in our very nature, and was no doubt implanted there for the preservation of existence; but then, in civilised life, it is carried to a degree of perversion that proves the source of the principal physical evils which afflict mankind.

2. Education among civilised nations is more instrumental in the production *even of moral evil*, than a state of ruder nature.

"In the former state, the wants of infancy and childhood are satisfied as soon as expressed, and even anticipated and prevented. A similar conduct is observed with regard to those slight sufferings which are incidental to the frail state of humanity. Under both these situations, instead of being taught patience by reasonable denial, it usually happens that the child is gratified precisely in proportion to the violence of importunity; or else bribed into acquiescence by some commutation of sensual indulgence.

"Thus he learns to consider present enjoyment as the end of his existence; and, concluding that the world was made for his pleasure, is averse to the torture of instruction, and hates those who contradict, or oppose him." 7.

To this criminal indulgence of innate propensities during childhood, may chiefly (in our author's opinion) be traced those vicious habits which, growing with our growth, prove the bane of all social virtues, and unfit us alike for present and future happiness!

In the lower orders of society, although the child be brought up more hardily, he soon discovers that he can disobey with impunity, and that, in spite of repeated positive denials, he can always, by querulousness, passion, or persevering importunity, gain his purpose ultimately.

"In no rank of life is there, in general, much choice as to the means, provided the end be obtained. If the child cry, it must be quieted. If benefit be to be procured, at the expense of inconvenience, however trifling, either the good must be absolutely relinquished, or acquiescence must be gained by some assurance or promise, which, the very next moment, the child discovers to be a falsehood." 8.

These facts, which medical men have daily opportunities of verifying, must lead us to conclude that the habits of civilised society place the dawn of human life in a worse situation, with regard to the common principles of virtue, than those of the untutored savages.

It is but too true that, in the conduct of the parent and nurse may be found the cause of this evil. They act towards the

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child in conformity with their own habits. Unaccustomed to regulate their own conduct beyond the feelings of the present moment, they apply the same rule to their little charge. They see that he is annoyed by the exertion of due authority, and his expressions of this annoyance are very disagreeable to them. They are, therefore, anxious to accomplish their own immediate ease—and do not discover, till too late, that they have defeated their own purpose, and rendered inveterate those very evils which they strove to shun! But now for the physical effects of this conduct on health.

"Human life consists in a continued series of irritations; and Providence has so ordered, that scarcely any earthly good is to be acquired without labour and suffering. As also, on one hand, the good itself is enhanced by the difficulty with which it is attained; so, on the other hand, there are few pains, whether of body or mind, which are not, within certain limits, alleviated by continuance or repetition. Hence, no one, probably, enjoys true pleasure, but he who has experienced pain; and moderate evils are scarcely felt by those, who have been habituated to greater. On the contrary, men who are nurtured in habits of self-indulgence, not only bear with impatience those inconveniences, which are common to the rest of mankind, but possess an acuteness of perception, which converts indifferent impressions into actual sufferings." 10.

The predisposition being thus created, every thing which can contribute to the eventual torrent of the unhappy being through after life, is, on principle, superadded. To this end, *exercise*, which formed the chief pleasure of youth, is disregarded in adult age. Hence, in males, we find dyspepsia, head-ache, and various affections of the brain—and, at a more advanced period, gout, dropsy, and the host of what are termed bilious complaints.

With the exception of gout, these evils fall still heavier on the female sex, who, from the rules of society, are very early subjected to physical restraint, being long confined in sitting postures under governesses—and in the intervals of study being compelled to relinquish all those exercises in which boys freely indulge.

"Nay, there are certain muscles, the use of which fashion imperiously commands females to forego through life. Under the pretext of obtaining support to the trunk of the body, they are from their childhood cased up in stays, which prevent any flexion of the back bone. They can bend themselves only by the neck and hip joints, while the whole spine, from the neck downwards, is rigid and immoveable. Hence the muscles of the trunk, from disuse, become weak; and the ignorant parent or governess, finding herself, at adult age, incapable of keeping

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her own body erect without stays, fancies that this machinery is absolutely necessary to supply the defective work of Providence, in the construction of the child." 12.

Such folly is visited by its proper punishment. To this cause, and the general want of other bodily exertion, is, in a great degree, attributable that disposition to distortion, so common among European females of a certain rank in life—but which is almost totally wanting among negroes or other uncultivated nations.

"Of this mechanical durance there is also another effect, hitherto, I believe, overlooked by pathologists. The chief muscle of respiration is the diaphragm; which, in healthy men, is alone used during rest, especially in the horizontal posture. In women, on the contrary, the stays, compressing the upper part of the abdomen, prevent the descent of the diaphragm, and therefore compel them to inspire by the thoracic muscles only. Hence while females sit or stand, even at rest, the breasts rise and fall during respiration; and such is their habitual disuse of the diaphragm, that even when unrestrained by cloathing, and in the horizontal posture, they still breathe chiefly by the intercostal muscles." 13.

To the above observation, which is very just, may be added, the effect of these abdominal compresses on the intestines themselves, as undoubtedly checking their peristaltic motions, and thus contributing to that state of constipation so generally prevalent among females. But a still worse consequence may be, as Dr. Parry suggests, entailed on the lungs, by this unnatural check to the play of the diaphragm. The subserviency of free respiration to the growth, health, and strength of the animal frame, is well known; and we can, therefore, readily understand how much the want of exercise, aided by the mechanical impediment above alluded to, must tend to counteract those blessings, and to prevent or destroy that beauty which, without them, cannot exist. Chlorosis, our author thinks, is not seldom a consequence of this tight lacing and muscular inactivity—an idea supported by the almost absolute certainty with which chlorosis can be cured, without the aid of medicine, by a due degree of muscular exercise in the open air. Scrofula, and its consequence, tubercular phthisis, are, in all probability, greatly increased by the want of regular exercise in the air. The following Philippic against passive and even *horse-exercise*, is rather too severe, especially as regards the *latter*. Dr. Parry's observations, as far as they apply to *carriage exercise*, are, we fear, but too well founded.

"Of the species of self-indulgence thus described, the natural offspring is the habitual use of Gestation, whether on horseback or in carriages. With regard to riding on horseback, it is usually a mere apo-

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logy for the want of that exercise, which Providence evidently intended that man should take by means of his own limbs, and not those of another animal. Accordingly we find that, exclusively of the positive diseases which spring from this mode of gestation when violent, those who trust to its more moderate use, and, more especially, those who substitute it for accustomed bodily labour, are at least as subject to dyspepsia, gout, dropsy, hæmorrhage, the whole train of nervous affections, mania, hysteria, epilepsy, paralysis, and apoplexy, as those who lead the most indolent lives. Many persons indeed assert their inability to walk to any extent, or to employ any other active exertion. It heats, it fatigues, it pains them; it produces a thousand real or imaginary inconveniences; whereas the exercise of riding is in no degree fatiguing, and, therefore, must be infinitely more beneficial. This very argument is an absolute dereliction of the point which it wishes to establish; since it proves, first, that the exercise of certain muscles gives strength to those muscles, while it leaves in a state of debility others, which are habitually unexerted; and, secondly, that the indisposition to incur present inconvenience by such exertions of new muscles, implies that state of mind, already mentioned as being weak, and worthy of reprobation." 15.

Of the power of exercise to strengthen muscular parts, we have daily experience, not only in man, but in the inferior animals. "We might otherwise, says Dr. P. expect to see, in Europe, greyhounds, trained for coursing, astride of hunters; and, in India, horses fitted for racing, by being trotted on the backs of elephants." The following is truth itself.

"Whoever pleads mere fatigue, or a temporary diminution of ease, as a reason for shunning muscular exercise, and waits for that exercise, till his strength shall have been previously improved, inverts the true order of nature, by which, conformably to a well-known proverb, it appears, that increased muscular power is the effect, and not the cause, of increased muscular exertion." 16.

Dr. Parry reverts again to the mistaken notions (as he supposes) entertained of horse-exercise. Under such exercise, it is not uncommon for the feet to get cold—the face to flush—and the lower extremities to waste, in comparison with other parts of the body. Under this habit also, the heart, like voluntary muscles, is thrown into inordinate actions by the slightest irritation, whether from exercise or mental emotion; the due balance of the circulation is thus disturbed—the blood undergoes a defective decarbonization—and the secretions and excretions are either diminished on one hand, or more or less extensively increased on the other—or, what is still more common, they are vitiated as to their quality. The maladies to which these habits lead are of a most serious and extensive nature, comprehending those of the heart, lungs, alimentary canal, and liver—the whole train of nervous affections, including

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excessive determinations of blood to the head—all inflammatory diseases, together with the various effusions, the consequences of these several states.

If these consequences result from habits of horse-exercise—they must be still more certainly produced by gestation in carriages. These observations do not, of course, apply to the cases of those persons who, either from organic infirmity of their limbs, or from the debility consequent on acute diseases, are, at the same time, incapable of moving their bodies by means of their own muscles.

"The indolence to which I have adverted, is peculiarly injurious when conjoined with full meals, especially of animal food. To such excess we are, however, habitually stimulated by every variety of taste produced by the arts of cookery, by the admixture of condiments, and by the interposition of Alcohol in its different forms. This habit of indulgence in the pleasures of the table, under various modifications, especially occurs to persons rather beyond the middle periods of life; to men who have become affluent in laborious occupations, and to females who have been pampered during frequent pregnancies. From the combination of indolence and gluttony arises a degree of obesity, as offensive, as it is destructive of the little mental and bodily power, which the prior habits themselves would otherwise have permitted to remain." 19.

The use of wine and alcohol next comes in for Dr. Parry's rigid censure. He observes, and we fear with justice, that few persons would habitually accustom themselves to wine or spirits, as a part of their daily meals, were they not temporarily relieved from certain degrees of mental or bodily torpor, which they have not the fortitude to sustain, or the patience to relieve, by slower, but more effectual means.

"In reality, the extent of this habit among men in certain ranks of life, is enormous; and persons who would with disdain repel the imputation of drunkenness, are, nevertheless, satisfied to continue the use of such liquors, in any quantity which may serve, for a time, to raise their bodily and mental power above their natural and healthy level, provided they stop short of absolute inebriation. Nothing, however, can be more erroneous than such a conclusion; since it is true, in fact, that those persons who act on this principle are subject, at least equally with habitual drunkards, to the fatal effects of such practices. Of this assertion it would be easy to accumulate proofs from the examples of those who have acted the most conspicuous parts on the public theatre of life." 20.

Our author is compelled, though with regret, to attribute to the medical profession itself much of that perseverance in these delusive modes of exercise, and in the habitual use of stimulating fluids, which have here been reprobated—practices to

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which mankind is sufficiently prone, without any sanction from medical authority.

To the same overwhelming authority of fashion, persons in the middle and higher ranks of life are indebted for an almost total inversion of the periods which Providence, with a strong and commanding voice, has appropriated to the different purposes of exercises and rest.

"Late hours naturally lead to fever, and proportionate lassitude, and it is hardly probable that he who, from whatever cause, has watched through the greater part of the night, will feel himself disposed, or able, to pursue the means of bodily and mental health through the ensuing day." 21.

Even the effect of *light* upon the animal frame, has not, Dr. P. thinks, been considered according to its real importance. Another evil, in civilized life, is the habitual exposure to the heat of large fires, and the indiscriminate use of flannel garments next the skin, both of which tend to produce excessive action of the heart, and to make the frame morbidly susceptible of the action of cold during that exercise which is essential to health.

"In a former part of this work it has been observed that various animals dependent on man, and accustomed to indolence and similar indulgences, acquire a disposition to like diseases. Thus singing-birds and lap-dogs, which are confined and highly fed are subject to the whole train of nervous affections; as palpitation of the heart, breathlessness on slight motion, hysteria, convulsions, epilepsy, hemiplegia, and apoplexy. So of various diseases in other domesticated animals." 22.

These general facts shew, beyond all question, that the predisposition to the worst maladies which flesh is heir to, grows out of the habits of civilized life. To the early desuetude of restraint, and the habits of self-gratification, we may also attribute many of those intemperate indulgences of natural appetites which predispose to and excite various maladies.

"Inde apud mares oritur Veneris cultus præcox et effrænus; quo nihil mentem magis infirmat, nihil corporis vires magis frangit, nihil articulorum, ventriculi, cordis, cerebri morbis, virum magis obnoxium reddit." 23.

"PREDISPOSITION FROM HABITS, A CAUSE OF INCREASED DETERMINATION."

If it be true, Dr. Parry observes, that the different circumstances abovementioned give occasion to the more ready production of the local diseases, and if it be also true that a main and essential link in the phenomena of these diseases, is an excessive determination of blood to the parts so affected, it must

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follow that these predisposing causes tend to the production of that increased determination. This state must be the joint product of the condition of the part, and the exciting cause acting on it. Thus, under a strong predisposition, a slight exciting cause may be sufficient, and conversely, under a slight predisposition, a strong exciting cause is requisite.

On a former occasion, our author has endeavoured to prove that the larger arteries have two powers, by which, when dilated to a certain degree, they can, within certain limits, contract themselves—the first, and least extensive, being the mechanical power of elasticity; and the second, and most extensive, being their tonic or vital power.

"I have also proved that, in health, those arteries are always in a forced state of dilatation with regard to both powers; so that when the distending cause, or the blood which they contain, is removed, both their elasticity and tonicity visibly act, and jointly tend to reduce the light of the vessel. Since, also, it appears that, as long as organic life continues, the tonic power of such vessels contracts them within the sphere of their elastic power, which, however, operates to re-expand them to a certain degree, after their organic life has ceased, we have reason to infer that this tonicity acts only in a mode similar to that of muscular parts, that is, by shortening the texture possessing it; or, in a hollow part, by reducing its area. Now, as there is reason to believe that capillary vessels, employed as conduits for carrying on the circulation, have powers similar to those of the larger arteries, though, perhaps, differing as to the proportion of those powers, we have no reason, either from analogy or actual observation, to conclude that, when unduly dilated, they owe this state to any other causes than either an increased force of dilatation within, or a defect either of tonicity or mechanical resistance. When, however, we observe the sudden changes which occur in the state of these vessels, so that not only the contact of a grain of sand with the conjunctiva shall almost instantly fill with blood the capillaries of that part: and, more especially, when we contemplate the instantaneous effects of certain mental emotions, in causing a rush of blood into the colourless vessels immediately under the skin, without our being able, in either case, to discover any adequate change in the movement of the heart; we feel ourselves compelled to deny, that such causes can act immediately on the elasticity of the vessel, and, on the contrary, are disposed to conclude, that the phænomenon is dependent on a change produced on the tonicity of the minute vessels of the part." 27.

We have introduced the foregoing extract, principally to shew what erroneous notions have been entertained of Dr. Parry's doctrines:—most of his opponents representing him as maintaining that the arteries of the human body are like so many "inert tubes," and have no other office or power than that of passing along the blood from the heart to the veins.

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But, although this be the main part of their office, it is evident that they are endowed with other and very important powers, which are perpetually called into action by the various wants and conditions of the animal economy. But to resume the thread of the subject.

Under this view, the cause of predisposition in the vessels of a part is their defect of tonicity or vital contractility, which may exist in such a degree, as to admit of diseased conditions, even under the natural impetus of the blood.

"Why, from the causes which have been detailed, such a disposition to local defect of tonicity should take place, we can, in many respects, at best only plausibly infer. With regard to mental causes, we see a considerable degree of analogy between their action on the tonicity of vessels through the sensorium commune, and the operation of pressure on the brain, in producing paralytic relaxation of various muscles. There is, however, another analogy of a more obvious kind; which is the diminished contractility usually observable in muscles, after they have been long or violently stimulated to action. On this principle, we may reasonably explain the disposition to excessive determinations of blood, which is so apt to follow violent or long-continued increased impetus in certain parts, or the whole, of the sanguiferous system; such impetus having incapacitated the capillary vessels from that degree of vital contractility, which is necessary to the continuance of their healthy functions." 29.

Hence we find that persons who, during what is called health, have a preternaturally quick or strong pulse, are much more prone to all the diseases of excessive local determination than others, whose circulation is constitutionally more moderate.

"From what has been said it seems to follow that, whatever may be the causes of excitement, the state immediately constituting the disease in such cases, is the want of a due degree of tonicity in the capillaries immediately affected." 29.

It would be an interesting point to ascertain through what media the several causes of predisposition operate in increasing the general or local momentum of the blood. Our author thinks it is obvious that all of them, except indolence, immediately produce an increased action of the heart, and consequently, for the most part, an increased general momentum of blood—and, secondly, that indolence and full living produce a tendency to general plethora or fulness of blood, as is evinced by the pulse, venous distention, general heat, and, frequently, obesity.

The remainder of Dr. Parry's Appendix is taken up with physiological discussions on the circulation of the blood, and need not here be entered on. We shall look, with great anxiety, for the completion of Dr. Parry's work by his talented and ingenious son.

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XII.

Quarterly Periscope

OF

PRACTICAL MEDICINE;

BEING

The Spirit of the Medical Journals,

Foreign and Domestic;

WITH COMMENTARIES.

I.

Physiology.

——————— latas à numine leges
Religiosa doce, mentesque cupidine veri
Allice.

1. *Vivisections.* We need hardly remind our readers that we have uniformly reprobated the extravagant rage for vivisections now pervading many parts of the continent, more especially France. But in so doing, we as uniformly maintained that experiments on animals, when carried on for the purpose of elucidating problems in Physiology, Pathology, or Therapeutics, and conducted with all possible care to avoid unnecessary cruelty, were justifiable. In this country vivisections are so exceedingly rare, that we could not but consider the "*no cruelty*" cry (a worthy successor to "*no Popery*") which has been lately raised by a party in the profession, as neither more nor less than a hypocritical cant to curry favour with the extra-professional saints, and thus promote their own private interests. The violent rage engendered by this expression of ours, among these conscientious *Medico-Martinets*, may be estimated by the following epistle from a town that has long flourished by the blood which followed the stripes of the Negro-driver!

"*Liverpool, 29th April*, 1825.

"Sir,—I cannot resist addressing you as the avowed advocate of *cruelty* and *inhumanity*, and were I personally acquainted with you I should 'cut you'—*direct*. In your quarterly Journal, I read it to be *hypocrisy* in the medical men to abstain from cruelly torturing animals, for (as you would term it) useful purposes. Let me ask what has the injection of urine as performed by Blundell, done for the good of society. We all know how you would squeak if one drop should get between the coats of your intestines, but we should not regret the consequence, to such a monster. I say it is laudable, that men professing

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humanity, should shew the world, that unnecessary experiments are abhorred by them (you must know we have bad name enough for that.) When it is lawful, pray let it be sanctioned by others, and not that every whipster should plunge a blunt knife into the chest of an animal, to see which way the blood flows. Lastly, you will find a deficit somewhere, scratch my name (the name of an anonymous dastard !) out as a subscriber to your Journal, in many respects a valuable one, and if you continue to hold up such doctrine, I shall continue to believe you some *dog-butcher*, and unworthy the name of a physician."

This is the language of men affecting such delicacy of feeling, and scruples of conscience, that they shudder at the inhumanity of pushing a needle through the web of a frog's foot—while they can lick their lips and stroke their paunches at the sight of eels skinned *alive*, and afterwards fried *alive*—fish carped *alive*—lobsters boiled *alive*—oysters stewed *alive*, or eaten *alive*, &c. &c. &c. ! "Oh," they will say, "this is *necessary* cruelty." Do we not, before sitting down to a table covered with these victims, turn up our eyes and cry—"Lord bless *these creatures to our use*, and us to thy service, &c." We do like consistency—and therefore maintain that the advocates for sparing the lives of animals from the surgeon's knife, should also restrain the hand of the butcher. The life of the animal is sacrificed, in the one case, for the sake of science, and for the ultimate good of the human race—in the other, for the sake of pampering the appetite, and laying the foundation of innumerable diseases.*

This "no cruelty" cry is levelled at the memory of the illustrious dead, and the moral character of the meritorious living. Among the experimenters on animals, with scientific views, are almost all the names that grace and honour our profession. A Galen, a Harvey, a Haller, a Spalanzani, a Hunter, a Parry, among the dead—A Cooper, a Brodie, a Bell, a Philip, and many other distinguished names among the living, of our own country. These are the men whose memories are to be aspersed, and characters assailed by a sect of canting hypocrites who, having neither zeal nor talents themselves, endeavour to gain popularity by vituperating their superiors.

We say again, we like consistency. We could not, therefore, but be amused while reading a long medical sermon, in the newspapers, from the Nimrod of Dublin, on *'cruelty to animals!*—The man who had no sooner finished his homily on the inhumanity of pithing a *rabbit*, than he mounted his courser and hunted to death an innocent *hare!* The argument cannot be upheld that we are compelled to eat animal food.

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* We venture to affirm, without fear of contradiction, that there is more physical torture inflicted, and mental agony occasioned, among animals, in one winter, in England, by hounds and guns, than during two thousand years by physiological experiments. Yet the former are looked upon without any other emotion than that of pleasure, while the latter are held up as instances of unparalleled inhumanity ! Such is the *consistency* of the Pseudo-philanthropists.

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Whole nations, as the Hindoos, live on vegetable substances, and enjoy good health. The Irish peasant seldom tastes animal food, and is remarkably robust. If therefore, we wish to respect the lives and feelings of the animal kingdom, let us turn to vegetable diet. But what excuse can be offered for the conduct of the sportsman, who wantonly destroys myriads of the most innocent animals—while, like the tiger, he can only make use of a few ounces himself. Yet these are the men who raise the "no cruelty" cry against the physiologist for making a few solitary experiments on the lower animals, with the express design of saving human sufferings.

We repeat what we have often urged in this Journal, that we reprobate the indiscriminate and senseless experiments of some of the continental physicians; but we do maintain that the interested cry against physiological experiments in this country (where they are proverbially rare) is a disgrace to those who have raised it—and we shall never cease to tell them so, be they high or low in the profession.

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2. *Pneumo-gastric Nerves—Digestion.* M. M. Breschet and Edwards have published in the ARCHIVES for February last, a memoir on the mode of action of the abovementioned nerves in the production of the phenomena of digestion. The experiments are too long and too numerous for analysis here. We can only give the conclusions to which the experimenters have come. They are, substantially, as follows:—

1mo. The division of the par vagum considerably retards digestion, but does not arrest that process.

2ndo. This retardation of the digestive process depends upon defective action of the muscular coat of the stomach.

3tio. The vomiting which often follows the section of these nerves, is owing to paralysis of the muscular fibres of the œsophagus.

4to. The re-establishment of the digestive process, after the division of the nerves in question, by means of electricity or galvanism, depends—not upon the chemical action of this agent, but on its exciting the movements of the muscular coats of the stomach necessary to the renewal of the surface of the alimentary mass, and to the placing successively all the parts composing it in contact with the parietes of the stomach.

5to. By means of a mechanical irritation of the inferior extremities of the divided nerves, similar effects to those produced by galvanism are occasioned, but in a weaker degree.

6to. The chief function of the pneumo-gastric nerves, considered in relation to digestion, is to preside over the movements of the stomach—movements which accelerate digestion, by facilitating the contact of the gastric juice with the different parts of the alimentary mass.

Remarks. These conclusions, after all, differ more in words than in things, from those to which Dr. Philip came. He concluded that galvanism supplied the place of the nervous influence, and thus excited the

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stomach to digestion—a process that was stopped, or nearly so, when the source of nervous influence was cut off by section of the eighth pair. We believe Dr. Philip never meant to insist on the *identity* of the nervous influence and galvanic fluid, from these experiments. In the present experiments the results are the same—the *modus operandi* or explanation of the phenomena differ. The Parisian experimenters look on the galvanic fluid as merely the most powerful excitant of the nerves, and through the nerves, of the muscular fibres of the stomach. This is probably the most correct view of the case, and is strongly countenanced by the experiments of producing a digestive process, however weak, by means of mechanical stimulus to the lower extremities of the divided nerves.

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3. *Semi-decussation of the Optic Nerves.** Dr. Wollaston has been led to some anatomico-physiological speculations respecting the decussation of the optic nerves, from a few instances of disordered vision occurring in himself and others. He doubts the received opinion of the said decussation in man, and concludes that the distribution is otherwise.

"It is now more than twenty years since I was first affected with the peculiar state of vision to which I allude, in consequence of violent exercise I had taken for two or three hours before. I suddenly found that I could see but half the face of a man whom I met; and it was the same with respect to every object I looked at. In attempting to read the name *Johnson*, over a door, I saw only *son;* the commencement of the name being wholly obliterated to my view. In this instance the loss of sight was towards my left, and was the same whether I looked with the right eye or the left. This blindness was not so complete as to amount to absolute blackness, but was a shaded darkness without definite outline. The complaint was of short duration, and in about a quarter of an hour might be said to be wholly gone; having receded with a gradual motion from the centre of vision obliquely upwards toward the left.

"Since this defect arose from over-fatigue, a cause common to many other nervous affections, I saw no reason to apprehend any return of it, and it passed away without need of remedy, without any further explanation, and without my drawing any useful inference from it.

"It is now about fifteen months since a similar affection occurred again to myself, without my being able to assign any cause whatever, or to connect it with any previous or subsequent indisposition. The blindness was first observed, as before, in looking at the face of a person I met, whose left eye was to my sight obliterated. My blindness was in this instance the reverse of the former, being to my right (instead of the left) of the spot to which my eyes were directed; so that I have no reason to suppose it in any manner connected with the former affection.

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* Dr. Hyde Wollaston, Philosoph. Trans 1824.

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"The new punctum cæcum was situated alike in both eyes, and at an angle of about three degrees from the centre; for, when any object was viewed at the distance of about five yards, the point not seen was about ten inches distant from the point actually looked at.

"On this occasion the affection, after having lasted with little alteration for about twenty minutes, was removed suddenly and entirely, by the excitement of agreeable news respecting the safe arrival of a friend from a very hazardous enterprise."

Reflecting on this subject, Dr. Wollaston came to what he considers a probable interpretation of a set of facts which are not consistent with the generally received hypothesis of the decussation of the optic nerves. This interpretation we cannot abridge.

"Since the corresponding points of the two eyes sympathise in disease, their sympathy is evidently from structure, not from mere habit of feeling together, as might be inferred, if reference were had to the reception of ordinary impressions alone. Any two corresponding points must be supplied with a pair of filaments from the same nerve, and the seat of a disease in which similar parts of both eyes are affected must be considered as situated at a distance from the eyes, at some place in the course of the nerves where these filaments are still united, and probably in one or the other thalamus nervorum opticorum.

"It is plain that the cord, which comes finally to either eye, under the name of optic nerve, must be regarded as consisting of two portions,—one half from the right thalamus, and the other from the left thalamus nervorum opticorum.

"According to this supposition, decussation will take place only between the adjacent halves of the two nerves. That portion of nerve which proceeds from the right thalamus to the right side of the right eye, passes to its destination without interference; and, in a similar manner, the left thalamus will supply the left side of the left eye with one part of its fibres, while the remaining halves of both nerves, in passing over to the eyes of the opposite side, must intersect each other, either with or without intermixture of their fibres.

"Now, if we consider rightly the facts discovered by comparative anatomy in fishes, we shall find that the crossing of the entire nerves in them to the opposite eyes, is in perfect conformity to this view of the arrangement of the human optic nerves. The relative position of the eyes to each other in the sturgeon, is so exactly back to back, on opposite sides of the head, that they can hardly see the same object; they can have no points which generally receive the same impressions, as in us; there are no corresponding points of vision requiring to be supplied with fibres from the same nerve. The eye which sees to the left has its retina solely upon its right side, and this is supplied with an optic nerve arising wholly from the right thalamus; while the left thalamus sends its fibres entirely to the left side of the right eye, for the perception of objects situated on the right. In this animal, an injury to the left thalamus might be expected to occasion entire blindness of the right

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eye alone, and want of perception of objects placed on that side. In ourselves, a similar injury to the left thalamus would occasion blindness (as before) to all objects situated to our right, owing to insensibility of the left half of the retina of both eyes." 393.

Some other instances of half-blindness have fallen under the notice of Dr. Wollaston, and he suspects that the complaint is much more frequent than one would suppose from the absence of published documents.

P. S.—Dr. Wollaston appears to have been anticipated anatomically —or what is better, his physiological speculations appear to be confirmed by observations made by Vicq. D'Azyr, the Wenzels, and by M. Treviranus. We refer to the Journal Complémentaire of Oct. 1823, for particulars, but shall here give the following extract from a cotemporary Journal of that period.

"*Vicq D'Azyr* had found, on examining with a microscope, a horizontal section of the optic nerves of the human subject, after it had been hardened by immersion in alcohol; that the meduliary fibres, occupying the exterior side of the optic nerve, proceed in a direct manner from the optic thalamus to the eye of the same side; and that the place of union presents an homogeneous tissue. The *Wenzels* came nearly to a similar conclusion from their observations, but remarked, in addition, that while the fibres of the exterior side of the nerve go immediately to the eye of the same side, those fibres, placed in its interior side, are directed obliquely towards the other nerve, without, however, any crossing of fibres being manifest at the point where the junction of both nerves takes place.

"*M. Treviranus* has, in a great measure, confirmed these observations, on the male *simia aygula*. The nerves and brain were left during some months in alcohol, and afterwards kept some time in caustic potash to soften them. Having thus prepared them, he submitted them to a careful dissection, when he made out, with the aid of a microscope, that the external fibres of the upper side of each were continued from their cerebral extremity to that in the eye, without uniting themselves to those of the other side; whilst, on the contrary, the internal and inferior fibres of one nerve went to the other side, and united with the fibres of the opposite nerve. It was difficult to determine whether any of the fibres actually passed from one side to the other. He thought, however, that some of the fibres did so. The internal fibres, thus interlacing together, were evidently more numerous than the external fibres which ran to the eye without uniting with those of the opposite nerve.*

4. *Partial Paralysis—Portio Dura.*† The observations of Mr. Bell on the nerves of the face are now confirmed by every day's experience.

* Vide London Med. Repos. for January, 1824.

† M. Billard, Archives Generales, November, 1824.

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In the following case, while there is a confirmation, there is also a curious and puzzling anomaly, which we shall leave Mr. Bell to explain.

Case. A woman, 60 years of age, had a tumour in the region of the right parotid gland, which broke, and continued open for a long time, discharging peculiarly fetid pus. The patient also became affected with symptoms of pulmonary consumption. In the course of the disease, and in addition to the affection of the lungs, she shewed a peculiar change in the features which attracted particular attention. The right side of the face became paralyzed, but in a gradual manner, and with this exception that both the eyeball and upper eyelid of that side enjoyed their full power of motion, while the inferior eyelid was paralyzed and hung downwards, the lining membrane (conjunctiva) of which, was red and tumid. The eye itself was in a constant state of lachrymation. The nose was drawn to the opposite side. The right nostril was contracted—the left dilated. The mouth was remarkably distorted—the right side of the lips being pendulous and relaxed—the left drawn upwards and towards the ear of that side. The muscles of the tongue were unaffected. When the patient spoke or laughed, the face was hideously and ridiculously distorted. The right side of the face was without expression, and the features as it were dead, while the muscular action on the other side, being strongly developed, gave to this part of the face a most remarkable mobility and physiognomy. In sleep the upper eyelid covered its proper proportion of the eyeball, but the lower hung down. The sensibility of the paralyzed part of the face was as perfect as on the other side. At length the sore cicatrized, leaving a deep eschar, but the paralysis remained—she became hectic—and died phthisical. On dissection, scarcely any part of the parotid gland could be detected. The portio dura of the seventh pair was found to be destroyed, at its exit from the foramen stylo-mastoideum. "Je disséquai la portion dure de la septième paire à travers le rocher; elle se montra saine jusqu'à la sortie par le trou stylo-mastoidien; la commençait son interruption, de sorte qu'il manquait au nerf facial une portion de son trouc d'une longueur égale à la largeur de l'echancrure parotidienne."

"This case," says the author, "appears completely to confirm the observations and experiments of Mr. Charles Bell on the facial nerve." The anomaly in the motion of the upper eyelid remains to be explained. Dr. Bellard mentions several cases of partial paralysis of the face, in confirmation of Mr. Bell's doctrines, of which we shall only notice the following, related by M. Guessin, a distinguished physician of Angers. P. Chollet, aged 30 years, became affected in the month of December, 1821, with phlegmonous erysipelas of the face eight days after her confinement. Delirium supervened, but at length the erysipelas subsided, leaving violent pulsating pains in the mastoid region of the right side. There was some deafness, and a purulent discharge from the ear. It was at this time that the patient's mouth was found to be drawn to one side—the right eye remained open—the upper lip, and also the ala nasi were

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drawn to the opposite side. There was no paralysis in any other part of the body. The sensibility was equally perfect in both sides of the face. The discharge from the ear ceased, but the paralysis and deformity remained, in spite of every remedy that could be employed. While tranquil, the face does not appear much distorted, but the moment that she attempts to speak or laugh, the deformity is great. The right eye is always in a state of lachrymation.

We sometime ago attended a medical gentleman who met with this accident. In coming up from Edinburgh, on his way to Italy, he caught cold in his right ear, and had some deep-seated pain there for some days. One morning, on getting out of bed, at his lodgings in St. Martin's-lane, he was alarmed at seeing his mouth drawn entirely to the left side. He sent for the Editor of this Journal, who easily recognized a compression of the portio dura, and assured Dr. M. that there was no affection of the brain. Mr. Shaw was invited to see the case, and immediately ascertained its nature. The sensibility was perfect in both sides of the face. Dr. M. went to the continent in this state, but ultimately recovered the power of the facial muscles, while in Italy. We may here remark that, in Dr. M.'s case, as in the first case related in the present paper, the motion of the upper eyelid was not lost—nor that of the lower. Dr. M. could just bring the eyelids together, but not closely. A slight line of the white of the eye could be seen when he was asleep. Some trifling degree of lachrymation was perceptible in that eye. In these affections then, of the portio dura, in man, there does not seem to be so much danger of the eye, as results when experiments are made on animals. The eye of the affected side remaining open in them, the conjunctiva inflames, and opacity of the cornea is the consequence. This does not appear likely to happen in the human species, independently of the power which man would have of closing the eye mechanically, and thus guarding it against the accident alluded to above.

II.

Pathology.

Actio læsa suum designat singula morbum;
Præterea morbum partis mutatio signat.

1. *Angina Œdematosa.* Some cases of this dangerous disease have been recently published by Dr. Bouillaud, in the Archives, of which we shall take some notice in this place.

Case 1. P. Louise, 34 years of age, a cook, of robust habit, was brought to the Hospital Cochin, on the 29th December, in the evening, presenting the following symptoms:—Orthopnœa, inability to open the

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mouth or to swallow, guttural rattling, vox rauca, sense of suffocation, face pale and slightly bluish, expression of fear and anxiety, eye inanimate and somewhat sunken, prostration of strength, pulse small and rather quick. She stated, though with great difficulty, that she had been ill only four days—that she had been seized with cold chills, after exposure to cold when in a state of perspiration—that violent quinsey succeeded and continued, notwithstanding the application of 50 leeches to the throat and upper part of the breast. More leeches were now proposed, to which she would not, at first, consent, on account of her sense of extreme debility; but ultimately she permitted their application. Fifteen leeches were put to the front of the neck—and a calming potion was ordered. The night was very restless—the sense of suffocation still extreme. 30th. The deglutition a little less difficult—a puriform expectoration was forced out, on expiration, mixed with blood. The respiratory murmur was very faintly heard throughout the whole of the fore part of the chest. All the bad symptoms, described above, continued. She died, suffocated, at 7 o'clock in the morning of the 31st.

Dissection. The mucous membrane of the pharynx and larynx presented a vivid redness, and the vessels were finely injected. This redness did not proceed down the œsophagus, but was prolonged in the trachea. On the left side of the larynx there was an ulceration resembling a venereal chancre. The epiglottis was red and thickened, as were the ligaments. The surrounding cellular substance was considerably thickened, infiltrated, and gorged, so as almost to obliterate the rima glottidis. The cavity of the laryax was filled with ropy mucus. The tonsils were ulcerated. All the anterior part of the neck was infiltrated, even the thyroid gland. The lungs were crepitous, except at one part, where their tissue was compact and easily lacerable. The mucous membrane of the bronchiæ was injected, inflamed, and covered with frothy mucus.

Case 2. Elen. Lemindre, aged 34 years, had been in the Hospital COCHIN, for disease of the heart, when, on the 23rd February, she was seized with a violent rigor, followed by vomiting. 24th. An erysipelatous eruption on the face—tongue red—thirst urgent—skin hot—pulse frequent. 25th and 26th. The erysipelas extends to the hairy scalp and to the neck—the eyes completely closed. 27th. The progress of the erysipelas continues—complains of acute pain in the throat—difficult deglutition—respiration impeded. The patient refused to have leeches applied. 28th. The swelling and inflammation very considerable on the anterior part of the throat, threatening suffocation. The patient was unable to expectorate, and made constant efforts with her fingers to disentangle the mucus from her throat. 1*st March.* The swelling of the neck enormous—the suffocation imminent. She now consented to the application of leeches; but it was too late. She died in a state of asphyxia two hours after their application.

Dissection. The mucous membrane lining the mouth, larynx, and pharynx, red and inflamed. The epiglottis and its ligaments very much

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thickened—the rima glottidis nearly annihilated by the swelling of the surrounding parts and the tough mucus covering it. The cellular tissue of the larynx, neck, and face, injected, red, and œdematous. The lungs were, generally speaking, sound.

Case 3. Charles Gurnier, having had several catarrhal affections, was in the Hospital Cochin for rheumatism, when, on the 10th Nov. 1822, he complained of sore throat, and presented the symptoms of acute angina. On the 11th the fever was high; but the hospital-assistant, who did duty for the physician that day, contented himself with applying mustard pediluvia. 12th. The symptoms were very severe—the breathing difficult—considerable swelling of the tonsils—difficult deglutition. 18 leeches to the throat. 13th. No alleviation of the symptoms—was delirious last night. 14th. He was in a comatose state—lips livid—breathing most laborious—pulse rapid. 15th. Died this day.

Dissection. The rima glottidis was greatly diminished, owing to the swelling and infiltration of the surrounding parts. The surface of the tonsils was ulcerated. The mucous membrane of the pharynx was highly injected—the *cellular* membrane surrounding the larynx and pharynx was œdematous, and presented even purulent matter when squeezed. The *mucous* membrane of the larynx was covered with muco-purulent matter—was highly injected, but much less red than that of the trachea and bronchia. The left lung was crepitous—the right was infiltrated. The other morbid appearances were unimportant.

Remarks. The term angina *œdematosa* appears to be unnecessary. The œdema clearly constitutes no fundamental character of the disease. It is an effect or consequence of the acute inflammation going on in the parts. It is abundantly evident that, in all human probability, death might have been warded off, in all the above cases, by timely and vigorous antiphlogistic measures. We do not agree with the reporter of these cases, in considering general bleeding as far inferior to local, in laryngeal inflammation. We are quite convinced, from attentive observation, that general bleeding should always accompany the local, and it should be carried to syncope, in order to check the inflammation as quickly as possible. The other antiphlogistic measures are little attended to on the Continent, and the want of success there is partly owing to such neglect.

We have said nothing of laryngotomy in such cases. We are convinced, however, that many lives might be saved by resorting to the knife when other means have failed. There was no organic mischief, for instance, in the cases above detailed, which was irreparable. A free respiration would have preserved life, and the consequences of inflammation would have disappeared in a few days. Death, in all the three instances, clearly resulted from the mechanical obstruction to the respiration, and not from any irremediable disorganization of vital or other parts. Tracheotomy, it is true, is a formidable remedy;—but "ad extremos morbos extrema remedia exquisitè optima."—*Hippocrates.*

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P. S.—Since the above was translated, we have perused a well written paper, on laryngitis, by Dr. Beck, of New York, in the 12th Number of his journal, from which we shall make a few extracts. Speaking of general blood-letting, he observes that, practical writers have not attached that importance to the remedy which it justly deserves. He attributes, and very justly, the want of success from this measure, to the manner of employing it. Unless it be carried so far as to make a decided impression on the system, as evinced by syncope, the relief will be inadequate to the exigency. "The very same reasons which induce me to consider that the ordinary abstraction of blood can be attended with no great benefit in this disease, convince me of the high and unequivocal advantages which result from carrying it *ad deliquium*. When this effect is produced, the most distant, as well as the most minute parts of the system, come within the sphere of its influence. It not merely moderates, but suspends and alters existing actions, at the same time that it relaxes spasm—a symptom which, in a greater or less degree, always accompanies inflammation of the larynx." In these statements we entirely agree. As to effusion having taken place in the surrounding cellular texture, we do not think it is any proper objection to blood-letting—*while difficulty of breathing continues*. It is this difficulty which endangers life—it is the want of access of air to the lungs that occasions death. Blood-letting is the surest means of relieving the one and preventing the other.

Dr. Beck relates a few cases of this formidable disease, of which we shall take some slight notice in this place.

Case 1. Dr. Hoffman, of the United States' Navy, was suddenly called to a gentleman whom he found in a state of threatened suffocation. The patient's countenance expressed extreme anxiety—the neck was denuded—the larynx moving violently up and down—eyes staring—face flushed and covered with sweat—his whole frame was agitated—the difficulty of breathing insufferable. The only expression he could get out was—"can't breathe—can't breathe." A vein was opened in each arm, and bled freely—but death took place in a few minutes after Dr. H. entered the House.

It was now ascertained that he had only complained of sore throat the day before, but was not prevented from following his usual avocations. Believing that the complaint arose from relaxation of the palate, he had used cayenne pepper for relief a short time before Dr. H. was called in.

Dissection. The mucous membrane of the fauces appeared slightly inflamed, while that of the rima glottidis was so much inflamed, injected, and infiltrated with serum, "as effectually to conceal and shut up the passage to the wind-pipe." This condition obtained throughout the larynx, and traces of inflammation extended down the trachea as far as its bifurcation.

Here we think it is evident that bleeding copiously would have saved the patient's life in the first instance; and that tracheotomy would have

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offered a very considerable chance of success, even at the late period when Dr. Hoffman was called in. There was no irreparable mischief produced by the inflammation. The fatal event was produced simply by the strangulation.

Case 2. This was in the person of Dr. Francis, one of the Editors of the journal from which we quote.

This gentleman had been complaining, for three or four days, of soreness about the fauces, with some degree of thirst, accompanied by considerable difficulty of deglutition, but without any cough or expectoration. 17th November, 1823, the patient was seized with an increased sense of tightness, attended with pain, difficulty of breathing and swallowing, and sense of strangulation. Venesection to 40 ounces, after which an emetic of tartarized antimony and ipecacuanha. The emetic did not act. An ounce of sulphate of soda was then administered. *7 in the Evening.* No abatement of the symptoms—pulse full and strong at 120 —skin hot and dry—dyspnœa still continues. Twenty ounces of blood were abstracted. 18th. *Morning.* The uneasiness this morning is excessive, in consequence of the difficulty of breathing, and the frequent returns of sense of strangulation. Considerable soreness was felt when the larynx was pressed externally. Sixteen ounces of blood were taken from the arm, and solution of tartar emetic was ordered. A blister was applied to the throat. *Evening.* No abatement of the symptoms. Sixteen ounces more of blood were taken. 19th. No amendment. Sixteen ounces of blood from the arm. Leeches to the throat—blisters to the chest—antimonial solution continued. *Evening.* Sixteen ounces of blood abstracted from the arm—ten grains of calomel. 20th. Little or no amendment. Sixteen ounces of blood abstracted. Four grains of calomel and six of James's powder to be given every three hours. 21st. No material alteration. Continue the calomel and James's powder. 22nd. Increase of general excitement. Twelve ounces of blood to be taken. The calomel to be continued. 23rd. Patient feels a slight moisture in the mouth and throat. In the course of the day the gums shewed the influence of mercury. The powders to be discontinued. For three or four days after this the patient was still in a precarious condition, and required repetition of bloodletting, with antimonials and blisters. A copious expectoration ensued, and lasted for two or three weeks, after which it gradually declined, and the patient recovered his usual health, but his voice still continues hoarse.

The patient was attended by Drs. Hosack, Post, M'Lean, and Beck. We acknowledge that there is more difficulty in treating the case of a medical man than of any other. This may account for the deviation from the didactic precepts laid down by Dr. Beck himself. Syncope was never produced but once by the bleeding, and that on the 13th day of the disease. To obtain all the benefits derivable from this measure, syncope should have been induced each time the vein was opened during the first days—or rather day of the disease. In cynanche laryngea we maintain that—

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Nothing is done while aught remains to do.

Every time the pulse rises and the sense of suffocation returns, the general bleeding should be carried to syncope, or complete relief of the symptoms, whatever the quantity of blood taken may be. This treatment is less formidable in reality than in appearance. We are thoroughly convinced that, in the case before us, much less blood would have been lost, had it been more copiously abstracted in the beginning.

We shall here introduce, in illustration of our remarks, a few of the particulars of a very interesting case in which we were lately concerned, and which we hope will be published in detail by the intelligent surgeon (Mr. Bullen, of Ipswich) who had the patient under his charge.

A gentleman residing in Ipswich, aged 60 years, had had several attacks of inflammation about the larynx and trachea, which always gave way to mild means, as leeches, blisters, cooling purgatives—and especially to brisk doses of the vinum colchici. Early in the spring of the present year he experienced a rather severe attack, which had nearly subsided in consequence of the usual means, when, from imprudent exposure, the tracheal inflammation was renewed with unusual violence, and this time it resisted the remedies which had hitherto subdued it—namely, leeches, blisters, purgatives, antimonials, and colchicum. The relapse happened on a Wednesday night, and by Saturday morning the gentleman's life was evidently in jeopardy. A despatch was sent off to London, and early on Sunday morning, the writer of this article reached Ipswich. The patient had been propped up in an arm-chair all the preceding night, being quite unable to deviate from the perpendicular posture. The breathing was now very laborious, and accompanied by the rattling in the throat, which is the usual harbinger of death. The cough was incessant—the expectoration consisting entirely of thin bloody mucus. The pulse was 120, small and feeble—the skin cool, and covered with clammy sweat—the face pale, excepting a circumscribed spot on each cheek, which was blue, as were also the lips—the tongue was furred and dry—the thirst urgent—the muscular strength entirely prostrate. No stethoscope was at hand; but the "râle muqueux" could be clearly heard with the naked ear when applied to any part of the chest. The patient was unable, by the utmost effort, to inspire more than a very small quantity of air.

Now, considering that this was the fourth day of a *relapse* of tracheal and bronchial inflammation, in a person of 60 years and upwards, whose constitution had been much cut up by military service in various unhealthy climates, the symptoms appeared to authorise the supposition, that effusion into the bronchial tubes and the air cells had obtained to an extent that allowed little, if any, hope of recovery. This was the opinion of the reporter and of Mr. Bullen, though it was determined not to give up remedial measures till the last moment. The existing state of the symptoms entirely precluded farther depletion at the moment. With the view, however, of promoting expectoration, and also of exciting some reaction in the skin and vascular system, the liq. ammon. acet. with five grains of carbonate of ammonia, were ordered every two hours. More blisters were applied to the chest. The patient's

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sufferings gradually increased—there seemed to be a complete collapse of the system—and he appeared to be sinking fast. About three o'clock on Sunday he desired to be propped up in bed, as he felt himself dying. He was put in bed, but his sufferings increased there. There appeared, about this time, a slight increase of fulness in the pulse and of temperature in the skin. It was therefore determined, more on the principle of Euthanasia than with any hope of saving life, to open a vein and try the effect. Mr. Bullen did so. The blood flowed freely, and when about 16 ounces were in the basin, the patient declared that his sufferings were mitigated. The basin was set aside and another substituted. Before the second basin was filled, the blood in the first shewed an intense crust of inflammation. By the time that 32 ounces had flowed, the rattling in the throat disappeared, and the breathing was considerably relieved. When 50 ounces had been abstracted, syncope took place, and lasted some time. When life returned, the cough, dyspnœa, and rattling, were no more. The pulse was now at 86, and soft. All the blood exhibited marks of the most intense inflammation. This calm did not long continue. The symptoms gradually rose again, and again the vein was opened. Nothing short of syncope was effectual—and venesection was again carried to that point, without fear. In 12 or 14 hours from the time that the depletion was commenced, the amount of blood drawn amounted to more than 90 ounces—and the whole of the formidable symptoms were subdued. The expectoration changed from blood to tough clear phlegm—from phlegm to mucus—and, from mucus, to a copious puriform fluid. On Tuesday morning, the reporter left Ipswich, the patient being in a fair way of recovery. Two or three days after this the threatening symptoms again recurred, but suddenly gave way, in consequence of the patient falling into a long fit of syncope on getting out of bed to have a motion—a brisk diarrhœa having taken place. From this time he gradually, but slowly, advanced to convalescence, and, finally, to health. The foregoing is but an outline of a very instructive case, which we hope Mr. Bullen will publish in detail. It proves that, in some instances, at least, general blood-letting is far superior to local, where the respiratory apparatus is concerned. The case shews also, that we may have those symptoms which are usually considered as indicative of fatal effusion in the chest, and yet there may be only inflammation or congestion of the vessels of the mucous surfaces, with such an effusion into the bronchia as is remediable by active depletion followed by expectoration. We hope this case may prove useful to some of our readers, when placed in circumstances similar to the above. There never was a case that excited more lively interest at the time, in the minds of patient, practitioners, and friends. Its termination was as gratifying as it was unexpected.

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2. *Fatal Irritative Fever.** A woman of strong healthy constitution,

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*. Mr. Anderson. Med. and Phys. Journal, Feb. 1825.

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whilst in the daily habit of washing and dressing a suppurating wound in the neck of one of her children, complained of pain and tenderness in one of the joints of the middle finger, the knuckle of which was observed to be swelled and inflamed. There was also perceived a small scratch or wound on the inside of the finger. The inflammation subsided by suitable applications; but, on the following day, she felt pain about the clavicle of that side, extending to the ear. She had also become feverish. Next day the pain had increased, and, in the evening, she was seized with delirium, which went off in the morning, but returned next night. The following day she was seen by Dr. Babington, and, in the succeeding day, Mr. Travers joined in consultation. She was now delirious, and the pulse very rapid. Mr. Travers made a deep incision into the joint of the finger, suspecting the irritation of matter under the sheath of the tendon. A very small quantity of matter was evacuated, but the symptoms were not relieved by the operation. She was bled, and took purgative medicines. Twenty-four leeches to the hand and arm, with constant fomentations. Next day she was bled again, and anodyne medicines were given, but without any diminution of the delirium or watchfulness. In this manner she continued for some days, and, as she was getting weaker, bark and acids were given. Her restlessness and incessant delirium went on till she died, which event was protracted till the completion of three weeks from the accession of the symptoms. On examining the hand and arm after death, the tendons in the palm of the hand were found in a sloughy state, and a collection of matter had formed under the ligamentum annulare of the wrist; but the whole of the arm appeared free from disease.

It is curious that, in this case, the servant who had fomented and poulticed the patient's hand, was attacked with violent inflammation and swelling of the hand and fingers, afterwards extending to the arm. Several collections of matter were formed and opened. Her health suffered so severely from this attack, as to excite, for some time, considerable apprehensions for her life.

This is not the only example where matter from a living body will act as a poison on the body of another person.

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3. *Inflammation of the Cellular Substance.** Mrs. Craig, aged 30, was admitted a patient into Queensberry Hospital, on the 2d September, 1821, under supposed fever, and complaining of the usual symptoms, as headache, pain of loins, nausea, &c. Pulse 128, full and bounding—tongue foul—bowels costive—heat much increased,—face flushed—eyes suffused. Was seized three days before, while at work, and ascribed her complaint to cold. She had been bled, and had taken some opening medicine. Eighteen months previously she had been affected with syphilis by a child she suckled, for which she had taken mercury and was supposed to be cured. Yet, about three months before her present

* Dr. Duncan. Med. Chir. Trans. Ed. Vol. 1, p. 451.

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illness she was delivered of a still-born infant suspected to have been syphilitic. 3d. Much relief from the abstraction of 20 ounces of blood, (which shewed the inflammatory buff) and from the operation of a cathartic. She now complains of severe pain of the right shoulder stretching down the breast and impeding her breathing. The parts affected are much swelled—pulse 112—inclination to be sick—tongue still loaded—eyes suffused. Although pulmonic inflammation was at first suspected, it was now ascertained that the seat of the local complaint was the right arm and the soft parts on the right side of the chest. Antiphlogistic treatment, local and general, was pursued. 4th. The swelling and tenderness much diminished, but she complains of a sense of tightness across the chest checking respiration—pulse 130 and full—tongue still loaded and tremulous—thirst urgent—bowels very free. 30 ounces of blood from the arm shewed the buff, and much relieved the dyspnœa—a blister. 5th. Pain less—inclination to vomit—bowels free—pulse 116, less full.—Effervescing draughts. 6th. Nausea abated—but there is still pain in the arm, increased by pressure—pulse 100—tongue clean—bowels free. Two ounces of port wine, in the form of negus, to be given from time to time. After getting a little of it she became delirious—the pulse rose to 116, full and strong. The wine was discontinued, as Dr. Duncan had often observed that fever patients who had been treated by free depletion, do not bear stimuli. 7th. Nausea and pain of arm continue—stools frequent and frothy, with tenesmus—pulse 114—great thirst—tongue cleaning. 8th. Pain of side impedes breathing. Venesection to 20 ounces, with considerable relief—blood cupped and buffed. 9th. No complaint except pain of arm and side—stools numerous and fœtid. Bolus of calomel and jalap. On the 10th, 11th, and 12th September, she had little complaint and was considered convalescent; but on the 13th she had a renewal of fever, with more violent local affection, the right arm being much swelled, and hard. A tumour, the size of a pigeon's egg, was observed above the right clavicle, not painful on pressure—pulse 120 and full. Venesection gave relief, and the patient was again considered convalescent. 19th. Another accession of fever—and pain, which was again relieved by venesection. On the 1st October, there was a slight, and on the 6th, a very severe accession—pulse 120 and full. Twelve leeches—fomentations. 8th. It was again deemed necessary to apply twelve leeches, in consequence of the pain of the *left* side. On the 11th the tumour abovementioned had become softer, and now, for the first time, slight cough, with copious easy expectoration was observed.

"I suspect that at this time the purulent matter which had formed in the cellular substance of the parietes of the chest external to the *pleura costalis* had, by adhesion and erosion of that membrane, found its way into some of the bronchia, and that in fact it was this pus which constituted the copious, easy expectoration discharged by slight cough. This idea of a communication between the external abscess and the pulmonary passage was confirmed on the 14th, when it was reported that the tumor on the sternum crepitated. The fluid was now expectorated, and air occupied its place. On the 15th, by the progressive evacuation

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of pus, air had entered into other tumors of the right side; distinct crepitation was perceptible on handling them, and a gurgling rattling was heard when the patient breathed. On the 16th, it was reported that the cough was very severe, without expectoration; emphysematous tumor on the breast increased in size, and the tumors on the side softer. By the assistance of a stethoscope, the respiration was audible in the left side of the thorax, especially on deep inspiration, and accompanied on coughing by considerable rattle, as of air passing through fluid; pulsation of the heart also audible; and, about the middle of the sternum, there was something like egophony; and on the right side, air was heard rushing into all the tumors, with very distinct pectoriloquism in that on the neck above the clavicle, and in the other upon the sternum. The expectoration was much diminished on the 15th, and altogether suppressed on the 16th and 17th, and the patient was dreadfully oppressed with dyspnœa, when immediately after the visit on the 17th, and before I had left the Hospital, I was suddenly called to her, and found that she had just brought up at once about three pounds of pure thick pus, like thick yellow cream, unmixed with froth or mucus, shewing that it had not been diffused through the cancelli of the lungs, but had made its exit through a bronchial tube as through a fistula." 461.

Before this time, our judicious author "had wished to make an external opening into the abscess," having observed that the patient was very much oppressed whenever the expectoration was less abundant, and dreading that it might sooner or later cause suffocation. A lancet was now plunged into the tumour on the side, but without success. On the 21st, however, Mr. Wishart made an opening, when both pus and air were discharged by the wound. 22d. Slept well—cough continues—and two ounces of pus expectorated this morning. Emphysematous tumour on the sternum much diminished in size, and the contained air can be pressed into the thorax, whence it returns as soon as the pressure is removed. There is also a small emphysematous tumour in the neck. On removing the plug from the wound, ten ounces of pus were discharged—in the evening, eight ounces more were discharged. During the latter days of October, the daily issue of pus varied from 10 to 20 ounces. In November it lessened—and on the 18th it was reduced to four ounces. It ceased altogether after the 20th. On different days, it seemed to come from different cavities, according as their communication with the external orifice was open or obstructed. From this period (20th November) hectic fever was established. She left the hospital, at her own desire, on the 3d of December, and died on the 11th of the same month.

Dissection. The body was accurately examined by Dr. Craigie, and a minute account of the dissection is given; but this we cannot introduce here. Suffice it to say that the ribs were carious, and that the cavities of abscesses were found within, communicating with some of the bronchial tubes—hence the expectoration of matter from the lungs, and the passage of air from the bronchia to the external parts of the chest. The nature of the case will be understood from Dr. Duncan's comment at the end.

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"This case, which, so far as my reading extends, is without a parallel in the annals of medicine, is in several respects remarkable.

"It illustrated the progress in the formation of circumscribed emphysematous tumors, in which the air was confined in cysts formed by adhesive inflammation, and bearing the same relation to common diffuse emphysema that phlegmon does to diffuse cellular inflammation, of which it will be the object of another communication to give some account.

"The utility of the stethoscope, in facilitating the diagnosis of pathological states of the lungs, was placed in a very strong point of view. For not only the rushing of the air into, and out of, the tumors, was most distinctly heard during expiration and inspiration, but in no instance did I ever observe the singular phenomenon of pectoriloquism more decidedly and unequivocally than in those external tumors, even in that above the clavicle.

"The appearances observed after death confirmed, what is indeed already sufficiently known, the manner in which, by the formation of adhesions, communications between internal organs and the surface of the body take place, without effusion of fluid or the admission of air into the cavities in which they are situated.

"By comparing the history of the case with the appearances discovered in the body, various opinions may be formed as to the cause and progress of the disease. It may be supposed, that the whole originated in syphilis, the poison having affected the ends of the ribs, and rendered them carious, while the pus thereby formed had gradually accumulated beneath the pectoral and cervical muscles, and afterwards penetrated and destroyed the *pleura costalis* and *pulmonalis;* or the same effect may be ascribed to the suppuration of the mamma, with which she had been formerly affected.

"But it appears to me more probable that the disease, on the admission of the patient, was recent and acute, the previous inflammation of the right side acting at the utmost as a predisposing cause. The first series of symptoms indicated diffuse inflammation of the cellular tissue of the shoulder, axilla, neck and side, terminating partially in suppuration, and coincided exactly with those observed in cases to be afterwards related, in which the pathology of the affection was established by dissection. The subsequent symptoms were chiefly caused by the want of an external outlet to the pus after it was formed, which destroyed the intercostal muscles, periosteum of the ribs, and the costal pleura, and at last found its way into a bronchial tube, so that pus formed externally to the ribs was expectorated, and on the contrary inspired air inflated external cysts. This progress of the disease is also confirmed in some measure by cases to be afterwards related." 468.

Dr. Duncan is strongly impressed with the idea that this woman's life might have been saved, if free incisions had been early made in the situation where the ribs afterwards became carious—and if the various tumours had been cut into as soon as they appeared. This supposition seems very probable.

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4. *Acute Cephalitis Simulating Hepatitis.** M. H. a Dutchman, 24 years of age, of studious and sedentary habits, had been three years affected with hæmorrhoids, but had been otherwise healthy from youth. For twelve months past, this young Hollander had been deeply in love, but concealed his passion. In the beginning of February, he had an erysipelatous affection of the face, to which he paid little attention, and at this period, the discharge from the piles ceased. On the 17th of February, on returning from the theatre, he experienced a violent rigor, which lasted but a short time. Severe head-ache succeeded, with heat of skin, and copious perspiration. In the middle of the night the patient was seized with acute pain in the right hypochondrium, and difficult respiration. In the morning, our author and another physician found the patient in the following condition :—lies on his back—very violent head-ache—heat moderate, and skin moist—*pulse full and quick* —acute pain in the region of the liver, which was very tender to the touch—tongue covered with a white coat—disgust for every kind of food and drink—had an evacuation in the morning—urine scanty and high-coloured—a slight erysipelatous swelling of the face on the right side. *Bled from the arm to 12 ounces—diluents.* At 4 P. M. the hepatic pain ceased—the breathing became free—the pulse weak—but the pain in the head continued—thirst. *Twelve leeches to the anus—pediluvium—emollient glyster.* 19th. At nine this morning, the patient seemed to be doing well—but the cephalalgia continued—he had made no water since the evening before—the erysipelas does not spread. (We do not think our author had much reason for concluding that his patient was doing well at this period.) After a slight slumber, it was found that the patient could not open his right eye, in consequence of the swelling of the eyelids. The urine had flowed, and was limpid—the pulse fell—complains of pain in the right side of the head—tendency to syncope. At seven in the evening he became delirious—restless—and made violent struggles to get out of bed—puts his hands often to his head—answers vaguely to questions—pulse quick and sharp—much perspiration over the whole body. He died at midnight.

Dissection. When the cranium was raised, about an ounce of sero-sanguineous fluid escaped—the vessels were gorged with blood—the ventricles were partly filled with reddish serum—the meninges were injected to a vivid redness—and there was a circumscribed spot of inflammation of the brain opposite to the right temporal bone, where a purulent exudation could be scraped off with a scalpel. Every other organ in the body was reported to be sound.

Reflexions. "There are many maladies," says "M. Bordot, that defy the resources of our art, and go on to a fatal termination in spite of all our remedies." In this we agree with our author; but we do not think that this can justify us for using inert remedies in a dangerous disease. No man in this country will say that M. Bordot gave his patient any

* M. Bordot. Revue Med. Oct. 1824.

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chance in the above case. An apparent inflammation of two important organs in a young man of 24, demanded other measures than 12 ounces of blood from the arm, some leeches to the rectum, and emollient glysters. Such, however, is continental practice—and while it lasts, pathology must indeed flourish!

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5. *Pulmonic Disease.* Dr. Cobb (Ed. Journal, January) has given a minute, and somewhat tedious description of a state of lung by no means unfamiliar to the eye of him who prosecutes morbid anatomy—namely, hepatization, tuberculation, sero-purulent effusion, and adhesions. On these we need not dwell. The only appearance worth noting was this:—"On following the larger bronchial tube, in the centre of the middle lobe at about two inches from the root, we found, instead of a continuous narrowing, a long cylindrical cavity, two inches in length, in shape and size not unlike the thumb of a glove, with its *palmar extremity* narrowed as well as its *tip*; (why not say *both extremities?*) it was a perfect *cul de sac*, with a lining membrane of a dark reddish blue colour, and which I believe was a superadded substance, and not condensed natural structure of the lung." There were no bronchial tubes opening into the cyst, except the direct and large outlet. There was no appearance of purulent secretion on the internal surface of this cavity—nothing but clear mucus could be squeezed from it.

In the history of the case, which is very imperfect, we see no proof that this young man had ever exhibited the symptoms of phthisis pulmonalis; yet Dr. Cobb assumes it as perfectly incontrovertible that the cavity described above, was that of an abscess, and consequently that this case is an unequivocal proof of the "sanability of consumption." It is hardly necessary to state that Dr. Cobb is entirely mistaken in respect to the cavity described. It was evidently a dilatation of bronchial tube, such as has been repeatedly described by Laennec, Andral, and others, during late years. If the reader will turn to page 453 of the 1st volume of this series (Sept. 1824) he will see a case precisely similar to that of Dr. Cobb's, related by Andral, under the head of dilatation of the bronchia.

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6. *Hospital Reports.** M. Martinet informs us that 135 patients had been treated at L'Hotel Dieu, in the wards of Recamier, during the last quarter of 1824, of which 106 were acute, and 29 chronic diseases. The deaths 28—one of which took place a few hours after being received into the hospital. The great mildness of the season prevented the development of pulmonary diseases—yet catarrhal fevers were pretty numerous, as were rheumatisms and affections of the head. One case of remittent fever terminated fatally and unexpectedly, in the fourth parox-

* Par L. Martinet. L'Hotel Dieu, quatrieme trimestre de 1824—dans les Salles de Clinique de M. Le Professeur Recamier.—Revue Med. Jan. 1825.

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ysm, and dissection did not exhibit (according to M. Martinet) any adequate cause for the fatal issue. We shall give some particulars of this case.

Dominic Anbrey, 29 years of age, of lymphatic temperament, having the joints swelled, and the lower extremities mis-shapen, entered the Hotel Dieu, on the 6th November, with all the symptoms of inflammatory anasarca, (leucophlegmatie inflammatoire) and without being able to give any information respecting the history of his complaint. On examination, the body was found to be generally œdematous—and there was pain on pressure with the finger, especially on the thighs and legs. The face was swelled, the eyes dull, with great depression and prostration of strength. The patient seemed to understand questions, but would not answer them except with great slowness. He complained of no local pain; but only of general malaise. The tongue seemed to partake of the general œdema, completely filling the mouth, being white and rather moist. The thirst was moderate—the appetite trifling—the belly enormously swelled, but soft and compressible without pain—bowels constipated—breathing rather embarrassed—cough, without expectoration. The chest examined by aid of the stethoscope offered nothing extraordinary—pulse slightly accelerated—can lie in all positions, but best in supination—has little or no power of locomotion—debility extreme. Says he has been subject to palpitations of the heart—urine clear, but not copious. *Ptisans.* 9th. In the same state. 11th. The same, with a slight diarrhœa which succeeded the constipation. *Ptisans.* 13th. Augmentation of the œdema. To the 18th nothing particular occurred. At this time the breathing became impeded, the diarrhœa increased—an epileptiform paroxysm occurred, and continued half an hour, succeeded by torpor and somnolency. Another paroxysm in the night. 20th. Decubitus dorsalis, and all the symptoms unfavourable. Another epileptiform attack. On the 23d, a paroxysm of the kind described put a period to the patient's existence.

Dissection. General œdema. The membranes of the brain perfectly sound, as was the brain itself, and so also the spinal marrow with its coverings. *Chest.* Old adhesions of the pleura—lungs easily lacerable, and greatly infiltrated with serum, being very little crepitous—heart enlarged, particularly its left side—its substance soft and lacerable—pericardium sound. *Abdomen.* Great quantity of clear serum in this quarter, without any albuminous flocculencies. The stomach and intestines, inner and outer tunics, in the most perfect state of integrity, excepting that they were unusually pale in colour. The liver was indurated, but not enlarged.

Among the cases of *apoplexy* in this report, there was one, which shews the uncertainty of our pathology even yet, in this class of diseases. The affection made its debût rather suddenly, in the form of an imperfect sopor, which gave way to stimulants; but, in the course of a few days, fever rose, and the patient, who was 70 years of age, sunk on the 11th day, without evincing any paralysis of the arms or lower extremities, or drawing to one side of the mouth. The only phenomenon

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in connexion with paralysis was some diminution of sensibility in the members of *both* sides.

On dissection, there was found a clot of blood effused into the right thalamus nervi optici, which had ultimately made its way into the ventricle of that side.

In one case of pleuritic inflammation there was such an effusion into the cavity of the chest as required several operations of paracentesis thoracis for its evacuation. The operation was performed by means of a very fine trocar, which did not permit the introduction of any air into the chest. The patient was greatly relieved by the first evacuation, but a fresh collection of sero-purulent extravasation soon rendered necessary a repetition of the paracentesis. To check the regeneration of the fluid, several emetics were exhibited and blisters applied to the side. By these means the patient experienced a considerable amelioration—the lung became partly permeable to the air, as ascertained by the stethoscope—and that side of the thorax became flattened. In about a month after the second operation, a third became necessary, and was practised. When the report closed, three weeks had elapsed since the third paracentesis, and there was every prospect of an ultimate recovery.

We think it will be granted that had it not been for the certainty with which extravasation was ascertained by the stethoscope, there would have been no paracentesis in this case, and consequently no chance for life given to the patient.

In another case there were phenomena which are deserving of notice. The disease had commenced with slight pain in the side, which was very trifling when he applied at the hospital. On examination with the stethoscope, the following phenomena presented themselves:—the respiration was scarcely perceptible in the left side, which sounded extremely dull—the pulsations of the heart could not be heard in any part of that side, nor under the sternum. They were heard, however, and very plainly, in the right side of the thorax. Nevertheless the pulse was scarcely accelerated—the appetite was good, and the patient only complained of general malaise. Six grains of tartar emetic were exhibited, which vomited him twice, and produced a dozen of motions. A blister was applied to the side. From this period the symptoms of effusion gradually diminished—the sound of respiration returned, as did the cardiac pulsations, and the patient was cured.

The following is a curious case.

Case. A young man, 22 years of age, who had come into the hospital for a slight catarrhal fever, was seized, during his stay there with severe dyspnœa of a singular kind. Thus at each inspiration, which was easy enough, the larynx was suddenly depressed—while at each expiration, which was excessively difficult, the larynx was slowly raised. The chest sounded well—the expectoration, which was mucous and opake, was very copious. In spite of leeches, cupping, blisters, opium, antimony, æther, and digitalis, the patient fell a victim to this complaint on the 12th day from its commencement. Dissection gave no

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satisfactory elucidation of the living phenomena. The bronchiæ were slightly reddened on the inner surface—the lungs were sound, as were all the other viscera.

Of the cases of chronic enteritis and dysentery, none presented anything particularly worthy of remark. But the reporter takes this opportunity of promulgating Professor Recamier's opinions respecting the last-mentioned disease.

Dysentery, according to Professor R. acknowledges for its cause, a vitiation of the fluids, which stagnate in the alimentary canal—*i. e.* the bile, the intestinal mucus, and the pancreatic secretion. "Inflammation of the mucous membrane is not primary in this affection; but, secondary, the result of the irritating action of these fluids on the internal membrane of the intestines. The pain is prolonged to the rectum, and excoriations of the anus are sometimes produced, *without any pyrexia being present*, in the same way that we see excoriations of the cheeks and lips in certain cases of ophthalmia and coryza, evidently produced by the acrid secretion from the eyes and nares. If we pay attention to the phenomena of dysentery at the beginning, we shall find the pain first in the colon, and not in the rectum, which it only invades some time afterwards—and finally, that it is to the passage of irritating matters through this last-mentioned portion of gut, that is owing the tenesmus. In fact, when death takes place early and suddenly in dysentery, whether from the disease itself or the supervention of another malady, we find no trace of inflammation in the intestinal canal—but only acrid fluids, which are sometimes so irritating as to cause erysipelas in parts with which they come in contact."—*Revue Med. p.* 23.

The foregoing doctrine of *irritation* in the primæ viæ, being the first link in the phenomena of dysentery, has long been maintained in this Journal, as our readers well know.

Perforation of the Stomach. A young lad, 16 years of age, very robust for his years, and often troubled with colicky pains in his bowels, and head-aches for the last six months, had had severe cephalalgia for a fortnight previous to his entrance into hospital, accompanied by vertigo. These increased during the last few days, and his debility was extreme. To these symptoms delirium succeeded, with occasional fits of extreme agitation, especially in the night. Leeches had been twice applied to the epigastrium before he was received.

December 29th. The symptoms were the following:—*Decubitus dorsalis*—features altered—face pale—cephalalgia, stupid appearance—indistinct utterance—no delirium—respiration slow—dry cough—tongue clean—no pain of abdomen on pressure—constipation—pulse and skin natural. *30th.* The patient had been greatly agitated in the night; otherwise he is in the same state as yesterday, except that there is more prostration. In the evening, there was loss of consciousness, with profound coma. Slight motion could be excited in the limbs when pinched—the left arm is stiff and extended—general convulsive movements take place occasionally—the jaws are clenched—deglutition impossible—pu-

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pils a little dilated—breathing slow and rather sonorous—pulse slow, regular, and full—skin warm and moist. *Sixteen leeches to the nape of the neck and behind the ears—sinapisms to the legs.* 31*st*. Same state, except that the coma is still more profound. The pupils are enormously dilated. Died at 9 o'clock this morning.

Dissection. The surface of the hemispheres was remarkable for the dryness of the arachnoid and pia mater, and the flatness of the convolutions. Very little blood in the vessels of the meninges. The substance of the brain was of moderate consistence—a very little clear serum in the lateral ventricles. Nothing else remarkable in the head.

Thorax. The lungs were reduced to a very small size, and considerably hepatised—about six ounces of dark-coloured fluid in each side of the chest.

Abdomen. Some dark-coloured fluid in the stomach. Its mucous membrane sound, except near the cardiac orifice, where there was an oval aperture the size of a shilling, just where the œsophagus terminates in the stomach. The parts immediately surrounding this aperture appeared perfectly sound. All the other abdominal organs quite natural.

Who will pretend to explain the external phenomena in this case, or attempt to reconcile the symptoms with the *post mortem* appearances? Such instances as these may teach young men caution as well as humility, in their diagnoses and prognoses!

Two cases of hepatitis occurred during this quarter—one of which was soon cured by antiphlogistic measures; but the other proved fatal, notwithstanding the same means were employed. The appearances on dissection, in this case, were as follow:—the liver was greatly enlarged in volume, and descended two inches below the edge of the false ribs. It was covered, on its convex side, with false membranes. Its substance was softer and more lacerable than natural, and it was studded with abscesses, varying in size from that of a pea to that of a nut. These abscesses were not lined by any membrane, and they contained a homogeneous fluid, of purulent consistence and colour. Some portions of the liver presented a marbled appearance. There was bile in the gall-bladder. The symptoms of this case are not stated; but such disease we have seen many instances of in this country.

Case. A young married woman had for many years, a tumour situated in the right hypochondrium, extending to the linea alba, and shewing an external protuberance. It was of a round form, hard, immoveable, and not painful on pressure. M. Recamier having ascertained a fluctuation in the tumour, considered it an encysted dropsy of the liver, and determined on puncturing it. For this purpose, a small trochar was pushed into the most depending portion of the tumour, and gave issue to a limpid aqueous fluid. The operation was followed by complete success. All the symptoms occasioned by the presence of the encysted tumour in the abdomen vanished, and the patient was discharged the hospital cured. An analysis of the fluid shewed neither albumen, gelatine, or mucus, but, on the other hand, a matter analogous to osmazome.

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One case of small-pox terminated fatally, and, on dissection, the internal surface of the trachea and larynx was found covered with an eruption resembling that on the skin. The lungs were hepatised—the bronchia red.

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7. *Cystitis Hepatica, fatal.** A man, ætat. 43, was seized with severe pain in the belly, accompanied by pyrexia and restlessness. His wife administered the usual remedy on these occasions—a glass of hot gin grog. The pain increased, and Dr. Scott was sent for. On minute examination, the pain was found to be principally referable to the region of the gall-bladder, or thereabouts. The exact part inflamed was not recognized, but it was naturally inferred that it was a portion of the peritoneal coat of some viscus in the region abovementioned. Blood was therefore detracted, and proved buffy—but no mitigation of pain ensued—except that which was diffused over the abdomen. Purgatives, also, failed for nearly two days to open the bowels, and, at last, only brought away black and watery motions. Meanwhile, the pain continued fixed in the right hypochondrium, in spite of blisters, repetition of the bleeding, enemata, warm-baths, leeches, &c. Vomiting of dark matters came on, and the patient sunk about three days from the commencement of the attack.

Dissection. The dissectors were a little astonished to find no trace of inflammation or other disease in the whole tract of intestines. These were then removed from the body, and in doing so, they noticed some adhesions between the mesocolon and apparently the lower and concave edge of the liver. Their attention was, therefore, directed to this point, and the first thing that attracted their notice, was "the prominency and size of the gall-bladder." It felt large, and evidently contained a calculus. The adhesions alluded to, existed between this viscus and the mesocolon, the adjacent parts of the liver being sound. There was no calculus in the ducts, which were healthy. The parietes of the gall-bladder itself were thickened to the extent of half an inch. The stone was about the size of a green olive, surrounded by an inky fluid. It was sparkling and resplendent, when held near a candle—its whole outer edge rough, and the angles of its crystals very sharp, and well-calculated to inflame and irritate the lining membrane of the gall-bladder. No other organ or part was diseased.

Dr. Scott appends some sensible remarks on this case. The altered condition of the bile, as it appeared in the gall-bladder, duodenum, and ejections by the mouth and by the rectum, can only be accounted for by the irritation in the gall-bladder, producing disordered secretion in the liver. The latter organ, indeed, is readily deranged in function by irritation in any part of the digestive apparatus.

The cause of death cannot be looked for in any disorganization presented by dissection. The thickened condition of the cystic coats existed four days before death, without producing any disturbance in the

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* Dr. David Scott. Ed. Journal, April, 1825.

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system. It was, therefore, the *pain* which caused death, by deranging the functions of the vital viscera through the medium of the brain and nervous system. Here, an important practical consideration presents itself. It must be evident that, could the nature of the disease have been foreseen, the patient's life might have been saved, in all probability, by the *free exhibition*† of anodynes. But the exact nature or seat of the malady could not, we will say, be ascertained during life. What then? We reiterate, what we have often said before, that practitioners are too much afraid of opium in inflammations, especially of the abdominal viscera. Yet after copious bleeding there is not the smallest danger in its administration, especially if combined with calomel. If this combination had been given in the case in question, the man's life would have been saved. But practitioners seem, in general, to have but one idea in inflammation—depletion, depletion. All other considerations are absorbed in this. The pain, and its consequences on other organs and systems of the body, go for nothing. Bleeding and purging are the catholicons. Yet such cases as the above are calculated to open men's eyes and awaken reflexion. Dr. Scott himself—rather too late it is true—came to a proper train of reflexion on the catastrophe which passed before his eyes. The irritation and pain, he observes, "had so run down the machinery of life, as to have caused the extinction of it." And again, "When the force of inflammation, therefore, has been greatly broken by blood-letting, then sedatives with purgatives, may be safely tried for the reduction of the rest." In this, we agree with Dr. Scott, and regret that he did not pursue this plan earlier in the disease, and with a more liberal hand. The *quantity* of opium should never be considered in such cases, but only the *effect*. It must be given so as to subdue pain and irritation, whatever may be the magnitude of the dose. It is, indeed, astonishing, how much opium will be borne in painful affections, without producing any disorder of the head or nervous system. The narcotic seems to be expended on the pain, as it were, and to leave all other feelings and functions unmolested.

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8. *Seat and Cause of Epilepsy.** A child, 14 months old, and not yet weaned, was seized with convulsions, violent and general, at 5 o'clock in the evening of the 16th December, and without premonitory symptoms. M. Menard being summoned, recognized an attack of epilepsy, as characterised by loss of sense, convulsions, foaming at the mouth, clenching of the fists, &c. An emetic was administered to unload the stomach. The child vomited—the convulsions ceased, but were succeeded by comatose sleep and stertorous breathing. The night and succeeding day (17th) passed "without accident." The child occasionally took the breast, but could not sit up—the eyes were dull—there were some tremulous motions of the lower jaw—pulse slightly

† Opium and camphor were ordered, and appeared to do good, 16 or 18 hours before death; but they were too late.

* M. Alphonse Menard. Revue Medicale, Mars, 1825.

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febrile. 18th. Grinding of the teeth last night—pulse tense and vibrating this morning—takes the breast—violent pulsation at the anterior fontanelle. Our author properly recommended leeches and cold applications to the head—with purgatives internally; but was frustrated by the idle apprehensions and prejudices of the parents.* Only a dose of castor oil could be given. In the evening, the cerebral excitement appearing to make progress, leave was given to apply six leeches behind the ears—and a bladder of cold water to the head. 19th. The leech-bites bled all night—the child slept profoundly. This morning he passed a living lumbricus, and a clamour was instantly raised against the physician, for not foreseeing the birth of the stranger! He was accused of directing all his attention to the poor child's head, while the enemy was in the abdomen! Nevertheless the cerebral phlegmasia continued its course. The pupils became dilated and inobedient to light—neither the intestines nor skin could be excited by purgatives or blisters. 20th. The convulsions returned with great violence—the bladder was paralysed—priapism—the action of the heart was tumultuous—the pulse at the wrist imperceptible—death at 11 o'clock at night.

Dissection. The spinal marrow was opened from the occipital foramen to the sacrum. There were red patches here and there on the dura matral covering—increasing in intensity as the examination was carried upwards towards the head. At the basis cranii, and for a space of four inches downwards, there was a small quantity of pus between the arachnoid and dura mater. The spinal marrow was much softened, and, in some places, quite diffluent. The arachnoid was healthy. In the head, the dura mater was strongly adherent in several places, particularly about the occipital region. The cerebellum was softened and diffluent at its base. There was no trace of inflammation in the cerebrum. The dura mater was thickened and much injected—and between it and the arachnoid, over the hemispheres, was a thin layer of greenish purulent matter. The arachnoid itself was sound. The abdominal viscera were all healthy.

Reflexions. Our author is of opinion, from this and many other cases which have fallen under his notice, that the cerebellum is the seat of epilepsy, and that the affections of the spinal marrow or coverings are consequent on the cerebellic inflammation. In these cases, there are almost invariably the following phenomena, viz. retraction of the head backwards—retention, more or less complete, of the urine, and priapism. He could relate more than 20 cases of this kind. It is to be observed, however, that these observations apply only to acute epilepsy. It can-

* We often hear of these contraventions, and cannot but think that they generally result from the *manner* of recommending the measures on the part of the medical attendant. There should be no appearance of hesitation or doubt. After due deliberation, the means of relief should be placed before the view of the parents, and if any reluctance be manifested, it should be mildly but firmly hinted, that the responsibility then rested on their shoulders. This hint generally brings them to their senses.

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not be supposed that, in those temporary and periodical seizures of epilepsy continuing for years, there should be inflammation of the cerebellum. But there may be some other affection—irritation, for instance, in that portion of brain.

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9. *Concussion of the Spine.** This case is related by Mr. Dundas, with the view of illustrating the doctrines advanced by Bell, Spurzheim, and Magendie, respecting the separate offices of the anterior and posterior roots of the spinal nerves:—the one being now pretty clearly ascertained to be for motion, and the other for sensibility.

Case. Francisco Cæsario, 35 years of age, fell on his back from a scaffolding 20 feet high. He was stunned for awhile by the fall; but, on recovering, found his left side, from the shoulder downwards, deprived of motion, sensation being unimpaired. On the other side of the body the case was reversed—the power of motion was complete, while sensation was extinct. This loss of sensation, on the right side, was so complete, that, at the end of three months from the accident, a lancet might be pushed into the muscles without occasioning any pain. Yet, over this side, the power of voluntary motion was quite perfect. The muscles of the left, or paralysed side, were flaccid and wasted. The temperature of the *senseless* side was some degrees lower than that of the *paralytic*, which was morbidly sensible. From the fourth cervical vertebra upwards, motion and sensation were perfect on both sides—and the line of demarcation was so exactly drawn, that it might be defined by a pack-thread surrounding the neck. The energies of the patient's mind were not impaired. His bowels would not act without purgatives. The motions were unnatural, varying in appearance from light clay to pitchy black. No indication of violence could be detected in the vertebral column, except a slight degree of tenderness, on pressure, over the tenth dorsal vertebra, unaccompanied by any perceptible swelling. *Active purgatives every second night—stimulating enemata—blisters to the spine.* The nux vomica was next administered; and when the dose amounted to 20 grains, the patient complained of spasmodic twitches of the muscles of the *right* side, and of the face and throat, whilst the *left* side was affected with constant tingling pains, and a most disagreeable sensation of heat throughout the side and limbs. The dose was still farther increased, and the spasms became more violent, and spread occasionally to the left as well as the right side. Trismus even was induced, the dose of the medicine now amounting to 40 grains. The remedy was discontinued, no good having been produced. At this time a lancet might be pushed into the flesh without occasioning any particular pain.

It is curious that, in this case, the diagonally opposite columns of the spinal marrow must have received injury:—that is, the *anterior* co-

* Mr. Dundas. Ed. Journal, April, 1825.

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luman on one side, and the *posterior* column on the other, must be the seat of lesion.

While on this subject, we may mention that Dr. Spurzheim long ago drew the attention of physiologists to the different origins of the spinal nerves, and considered it likely that one was for motion and the other for sensation. In a late lecture on, and dissection of, the brain, by this distinguished phrenologist, Dr. Spurzheim expressed his apprehension that there was yet some fallacy in the experiments of Bell and Magendie, relative to the physiological point in question. He remarks that it is a general law in the animal economy, that wherever an organ is large and the function strong or important, there will be large nerves going to the part, and vice versâ. Now, he says that the anterior roots of the spinal nerves, coming from the cerebrum and destined for voluntary motion, are not much more than half the size of the posterior roots, coming from the cerebellum and destined for sensation. He thinks that, according to analogy with other nerves and functions, the nerves supplying the muscles, where such great power is wanted, ought to be the strongest. For our own parts, we confess that these arguments of Dr. Spurzheim appear to us very weak. In the first place, reasoning must give way to the force of fact and direct experiment. In the second place, we see that the rule which Dr. Spurzheim lays down does not always hold good. Thus the portio dura going to the face, and, which is now unequivocally proved to be a nerve of motion, is very small; while the branches of the fifth pair, destined for sensation about the face, are comparatively very large. These considerations, coupled with the evidence of experiments made on animals, will leave little doubt, we think, that the anterior roots, though small, are destined for motion, and that the posterior, though large, are appropriated to sensation.

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10. *Hæmorrhagic and Cerebriform Tumours.* A paper was read some months ago, at the Royal Academy of Medicine, by M. Velpeau, on cancerous affections, with the view of shewing that, in these diseases, there are certain morbid alterations in the fluids, to which the attention of the profession ought to be directed. M. Velpeau avers, and probably with justice, that Hippocrates was as well acquainted with the nature of carcinomatous maladies, as the physicians of the present day. This observation, indeed, may be made without paying any great compliment, after all, to the father of physic. We shall proceed, however, to the facts of the paper.

Case 1. Rainé, aged 30 years, perceived, on the 19th July, 1823, after a violent corporeal exertion in pushing forward a voiture, a small tumour in his left arm-pit. This tumour remained stationary till the middle of November, when it suddenly enlarged one night and became painful. The pain ceased as suddenly again, and did not return till the month of January, 1824, when lancinating pains were felt in the arm-

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pit, shoulder, and arm. These gradually increased, and compelled the patient to apply to several medical men, who could not ascertain the nature of the complaint. Not being able to follow his occupation as a coachman, he presented himself to the Hospital of the faculty on the 12th January. He appeared to be in good health otherwise, and to have a sound constitution. A tumour existed in the arm-pit, the size of a child's head, pushing *forward* the edge of the pectoral muscle, *backward* the scapula, and *upwards* the acromion scapulæ. The colour of the integument was not changed—the arm was swelled and œdematous. Some of the medical officers of the establishment considered this tumour as simply phlegmonous—others that it was aneurismal: Laennec, Boyer, Richerand, Dupuytren, Beclard, Breschet, and other lions of Paris, gave almost as many opinions as there were persons. By the 22nd, the pains had increased to such a degree as to deprive the patient of repose, and oblige him to take opium. The symptoms made progress through the month of March, the tumour becoming larger every day. On the 6th April it burst, and discharged, at one point, some drops of blood. In the night, more blood was discharged. On the 9th, about half a pint was discharged from a new opening. 10th. 12 ounces—11th. A pint of blood.—12th. 28 ounces of blood escaped.—14th. The same quantity. More or less was discharged till the 20th, when the patient was reduced to a state of pallor and yellowness that indicated great danger. The blood always flowed in jets—coagulated in the vessels—and often shewed the inflammatory buff. At each hæmorrhage the patient was relieved in his feelings. These discharges were succeeded by a kind of *molimen hæmorrhagicum*—that is, a sense of heat, thirst, cephalalgia, and general malaise.

A diarrhœa, of a very debilitating kind, now set in, and continued to harrass the patient till the 6th of May, when death closed the scene.

Dissection. The arm was infiltrated. The tumour was nearly the size of an adult's head. The ulcerations on its surface had a black and fungous appearance. Its structure exhibited the fibrous and medullary matters found in cancerous tumours. All the structures in the neighbourhood were amalgamated in the diseased mass, except the nerves and blood-vessels. The pancreas was cancerous in part of its structure, as was also one of the kidneys.

Case 2. Lucas, aged 42 years, much given to spirituous potations; and of irascible disposition, received, in the month of December, 1823, a blow on the scrotum, which gave him little pain at the time. A few days afterwards he perceived the right testicle enlarged and rather harder than natural, with some shooting pains in the direction of the spermatic cord, which gradually increased at first, and afterwards rapidly. He was put on a mercurial course by M. Dupuytren. While in the Hotel Dieu the tunica vaginalis was punctured, but only some reddish serum issued forth. He was a little relieved for a time, but, in a few days, he became affected with dry cough, for which he left the hospital. The testicle was now the size of a child's head, very hard,

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and the seat of lancinating pains. The cord appeared sound at its entrance into the abdomen; but some hardness was felt beyond the ring, in the iliac fossa. The patient became afflicted with colicky pains—the cough persisted—the skin assumed a pallid yellow tint. In the beginning of August, 1824, the right leg began to œdematise, and soon afterwards the left, as well as the integuments of the abdomen. These symptoms increased—the respiration became more and more difficult, till, at length, it could only be performed in the perpendicular position—the digestion was lost—in fact, all the functions, except the intellectual, became impaired, and at length annihilated. The patient died on the 29th September, 1824.

Dissection. The brain was sound, as was the heart. The lungs were filled with cancerous concretions (according to our author) of all sizes, from that of a large goose egg to that of a small nut. "Il semble que ce soient autant de pommes de terre éparpillées dans le tissu de l'organe respiratoire." They were nearly one hundred in number—appeared not connected intimately with any of the other structures—the intermediate pulmonary tissue was sound—the substance of these bodies was cerebriform, and of various degrees of consistence. The testicular tumour was of the same nature, but rather more complex—and a chain of similar tumour was seen ascending from the abdominal ring up to the diaphragm, communicating a degeneration of structure similar to its own to those parts in immediate contact with the said chain.

Remarks. The tumour causing the death of the first patient was evidently a fungus hæmatodes. In the second case, the general disposition to the disease called medullary sarcoma is very remarkable. But we do not see how these tumours can be explained, as to their nature, on the principle of an alteration in the fluids. The fact is, we are ignorant of their cause and nature.

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11. *Goitre, or Bronchocele.* It will be remembered that we have, in several parts of this Journal, hazarded the opinion, that the cause of bronchocele is some impregnation (hitherto unascertained) in the water used for drink, where the disease prevails. The following very curious history will greatly strengthen this opinion. It is contained in a letter from Dr. Alex. Coventry, President of the Medical Society of the State of New York, to the Editors of the New York Medical and Physical Journal, for June, 1824, No. 10.

"In travelling up the Mohawk valley in 1792, I first met with goitre among the German settlers; and being informed that some of the early emigrants had come from the Swiss cantons, I at once concluded that it was an hereditary disease, imported by their ancestors from the Alpine valleys, but I have long since been convinced that this conclusion, like many others too hastily formed by travellers, was without foundation. Almost every American who speaks of bronchocele, refers to the vicinity of old fort Schuyler, on the Mohawk river. This proves

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the habit that writers are in of copying each other, no such place being known for nearly thirty years past. The village of Utica now occupies the site of the former fort, and if there is a single case of goitre among a population of four thousand souls, it is unknown to me. Dr. Barton, formerly of Philadelphia, in his memoir, and, I believe, President Dwight, late of New-Haven, speak of a family near old Fort Schuyler as instances of goitre. It is now above twenty years since this family removed from land which I now occupy: and, to prevent, repetition, I will attempt a short topographical description of the vicinity near Utica.

"The Mohawk river occupies the bottom of a valley, which, from the summit of one ridge to the other, may be seven or eight miles in extent. Utica is in lat. 43° 06′, lon. 75° 13′, about ninety-six miles west from Albany. The bottom of the valley is perhaps 370 feet above tide water, and neither ridge exceeds seven hundred in elevation above the river. On the south ridge, which I suspect is the most elevated, are found quarries of various species of rock from which stones for building are supplied. The beds of the small streams which flow into the south side of the Mohawk, are composed of hard gravel, excellent for repairing roads, &c. On the north side of the Mohawk river, immediately opposite Utica, a flat of clayey alluvion, sufficiently tenacious for the formation of brick, extends nearly a mile, and is joined at its northern edge by a track of gravelly or sandy loam. After an ascent of 25 or 30 feet this last mentioned tract spreads with nearly a level surface for about three quarters of a mile northerly, where it joins the foot of the ridge. This seems to join the hill, and the alluvion may be called a secondary intervale; from the north edge of this, the ridge rises with a gradual ascent for about two miles, and to an elevation of about 600 feet. At the foot of the ridge, wherever a small stream flows, the schist is seen in horizontal layers of a soft friable texture, and, when exposed to the air, slacks into shelly matter, and soon becomes a black crust. This rock approaches the surface on the south side of the ridge, and on the top is found within a few feet, forming the bottoms of cellars, and obstructing the digging of wells. In fact, the body of the ridge on the north side of the valley at this place is a schistus or slate rock, and differs from the south ridge in having no other rock superincumbent. All the streams entering the Mohawk on the north side, at this place, run on a bed of shelly slate gravel, which is useless for roads, as it crumbles into an impalpable black dust. In a south-east direction from Utica, about seven or eight miles distant, and behind the north ridge (as seen from the valley) a small stream arises, which, after running several miles with a west course, turns southerly, cuts through the ridge, and, winding along the low lands, enters the river a few rods below the bridge at Utica. Although, in the summer months, all the water of this stream would frequently run through a tube of four inches diameter, yet it has cut down the north ridge to its centre, having removed an immense quantity of the schist, forming a vast hollow, which, in the vicinity, is called *par excellence* the great gulf. At places, the level flat surface of the rock is exposed for one hundred feet in perpendicular height; the

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stream of course runs on a bottom of slate rock till it reaches the secondary intervale, from which part to its mouth the bed consists of the slaty gravel before mentioned. On the bank of this stream, where the secondary intervale joins the clayey alluvion, stood the house of Mr. Regel, and the brook still goes by the name of Regel's creek.

"In the spring of 1798 I settled near Mr. Regel, on the west side of the stream, and within thirty or forty rods of his house, but on the secondary intervale, and considerably higher than his location. Regel's family consisted of himself, wife, four sons, and one daughter, all of adult age, and with one exception, troubled with bronchocele. The old man had an enormous goitre reaching from ear to ear, and hanging down on his breast. His respiration was considerably impeded so that I have heard his breathing at fifteen or twenty rods distance. He resided in this place previous to the revolutionary war, during which he was carried off by the Indians: his goitre was then about the size of a doubled fist, but disappeared entirely while he was a captive in Canada, where he was detained two years. On his return the swelling appeared again, and had gradually attained its greatest size. This man had no other ailment and seemed about sixty years of age. His wife had also a large goitre about half the size of her husband's: three sons had moderately sized swelled necks, the daughter rather larger: the latter had passed a fortnight at Saratoga springs, during which her goitre had by measurement decreased one half. The fourth son, named Frederick, had no signs of goitre. I cannot now ascertain whether he had been brought up at his father's house or not: when I became acquainted with him he resided at a distance of three quarters of a mile, at the foot of a hill, by a pure and beautiful spring, the water of which he used.

"There being no well, the rest of the family used the water of the creek spoken of, for all culinary and other purposes. Prepossessed with an idea of the hereditary nature of the disease, I also used the brook water, when towards the approach of the winter, to my no small mortification and vexation, I perceived a considerable goitrous enlargement in the neck of my wife, and an evident thickening in the necks of my two daughters. Then I first began to suspect the water of Regel's creek. The next summer I sunk a well about thirty feet through a gravelly sand, at the bottom of which a quicksand obliged me to sink a curb. The well-water is very fine; and since we commenced the use of it none of my family has been subject to goitre. Regel's family removed to the county of Onandago, and I have been informed recovered from the goitrous swellings: even the old man is said to have got rid of his before death, but this I can scarcely credit.

"A few years after this I leased a small house standing near the brook, to a Mr. Walworth, who had a son about twelve years old. This lad in the course of a few months exhibited appearance of bronchocele: he was sent from home, and his neck returned to its natural size; but in the succeeding season began to enlarge, and the family moved away.

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"About the autumn of 1802 I put a small flock of sheep into a pasture through which the stream ran: next spring one lamb proved goitrous: the succeeding season every lamb had a swelled neck, and seven out of eight died. On opening the gland, nothing was perceivable but an enlargement. My next neighbour had sheep in an adjoining pasture, which was watered by a spring: his sheep had no distemper. My flock has been kept where they do not get to the creek water, and are now free from the disease.

"With these facts before me it was not unreasonable to suspect that the water of the stream had a tendency to affect the thyroid gland. I have to regret that no analysis has yet been made of it, but hope in the course of the summer this defect may be supplied: meantime I am tempted to hazard a conjecture as to the material with which it may be impregnated. We know that the schist is not soluble in water, but readily acted upon by the air, with the oxygen of which it seems to have great affinity. This is observable in a dry season, when the surface of the schist will be covered with a white florescence, which on examination is found to be alum. Near Glasgow, in Scotland, a very extensive alum work is carried on, the material for which is found in the schist rock which forms the side, bottom, and roof of an exhausted coal pit. In this situation the slate exposed to a current of air, but protected from the rain, combines with the oxygen, and in process of time forms sulphate of alumine, from which, I believe, the sulphuric acid is procured.

"The crystallization formed on the schist rock, is washed down into the stream by the first rain, and must impregnate the stream with alum: but whether or not this solution would affect the gland, or in what manner, we are not able to say." 166.

We hope these facts will lead gentlemen, resident in goitrous countries and places, to analyse the waters, and endeavour to ascertain the cause of this curious and unseemly disease.

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12. *Insanity*[*]. The stomach will often be disordered in its function, without any disease of its structure. So will the brain. Wine taken into the stomach will make the wisest man insane for the time; and yet the organ of thought will not be organically affected. On the other hand, the brain may be greatly changed in the structure, and even a portion of it destroyed, without any apparent defect of intellectual function. With this knowledge before our eyes, we can expect but little light on the nature of insanity, from *post mortem* examinations. The fifty dissections performed by Dr. Neumann tend rather to perplex than elucidate the pathological condition of insanity. The morbid appearances were extremely diversified, and in several instances, there were no morbid parts in the cranial cavity, to account for the mental aberration, of which the first case detailed is an example.

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[*] M. Neumann, of Berlin. Account of fifty dissections, &c.

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Case 1. A watchmaker, 35 years of age, had been afflicted with violent mania for three months before entering the hospital. The cause could not be traced. The patient was attacked with tubercular consumption while under mental derangement, and died two months after being received into hospital. The skull presented nothing particular. The coverings of the brain were healthy, as was the structure of the brain itself. In the fourth ventricle was some clear fluid, as there was also in the spinal cavity. Excepting the lungs, all the other viscera were sound.

Case 2. This was an old Hungarian soldier who had been in the Lunatic Asylum for twenty-one years. He died at the age of 60, and was examined. The cranium was every where much thickened, and in the posterior part was upwards of an inch thick. In the course of the sagittal suture, at the side of the falx, between the arachnoid and dura mater, there was a deposition of some cretaceous matters. The cerebral vessels were empty, and there was a considerable quantity of serous fluid in the ventricles. The encephalic mass was firmer than usual.

Here follows another, and a rather different example.

Case 3. A postillion, aged 32, became maniacal, without any assignable cause. By proper means this subsided, and then he fell into an idiotic state, in which he continued two years. He died of a colliquative diarrhœa. On examination, the skull was observed to be thicker than natural. The dura mater was easily detached from the bones. On puncturing it a considerable quantity of serum escaped. There was no trace of the arachnoid membrane. A whitish gelatinous mass occupied the space between the dura mater and encephalon, the convolutions of which were compressed. All the ventricles were gorged with serum—the encephalon was a great deal softer than natural. There was nothing unusual observed in the thoracic and abdominal organs.

We think it needless to multiply examples of the various appearances, *post mortem*, in insanity. Many of them were probably accidental, and still more of them consequential rather than etiological. We repeat again that the functions of the brain may, like those of any other organ, be disturbed, without its being possible to discover any alteration in the encephalon or its coverings. It is not, therefore, to morbid anatomy that we can very confidently look for the *causes* of insanity. These are often moral or external; and their first impressions elude the scalpel of the anatomist.

The view taken by Dr. Spurzheim of insanity, is very ingenious, and accords with the phenomena and post mortem researches better than any other doctrine. If it be true, and we believe it is true, that the brain is a congeries of organs or parts, each of which has its separate function in the manifestation of the mental faculties, as well as in forming the organs of sense, then we may easily conceive that one organ or part becoming more developed, and its function more exercised, than is

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salutary for the general harmony and balance of the whole of the other organs and their functions, aberration may take place. We see this every day. In a man, for instance, who has a strong propensity of any kind—say, by way of example, for religious contemplations, and where this one propensity is allowed to run riot and absorb or overshadow all the other propensities of our nature, the harmonious balance of the various organs and functions of the brain will be disturbed, and mental derangement will be the result. In such cases, we cannot expect to detect the cerebral lesion (if indeed there be any) by the scalpel. Phrenology bids fairest to ascertain the nature of insanity (where it depends, as it very generally does) on moral *causes*, by comparing the faculty most disordered with the organ by which that faculty is supposed to be manifested. Thus, there are many instances of insanity from the immoderate love of offspring among females — pride among men, and so on. Now, if it be proved, in such cases, that the organs or parts of the brain, whose office it is to exhibit the manifestation of these original or fundamental powers or propensities of our nature, should be more developed than in proportion to other parts of the brain, we shall have, at least, some clue to the *predisposition* towards insanity. And as we know that all organs of the body (the muscles for instance) are strengthened by proper exercise of their functions, so, in the mental powers and propensities, we shall often be able to check the domineering influence of *one*, by calling into action the countervailing influence of *another*. These observations appertain only to insanity resulting from moral or mental causes. Corporeal disease, and material lesion of the brain also produce insanity—as where injuries are received, or where intoxication is persevered in—here our post mortem researches are more likely to elucidate the pathology of the complaint.

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13. *Phlegmatia Dolens.** The pathology of this disease has caused considerable discussion in this country, as our readers know. Some of Dr. Velpeau's ideas have been anticipated here by our countryman, Dr. Davis—but of this M. Velpeau is ignorant. The French know exceedingly little of what is passing in England—nor do they wish to know. There are a few exceptions, such as M. Breschet and some other able and intelligent men of the French metropolis; but the proportion is very small. Phlegmatia dolens is so very rarely fatal that the morbid anatomy of the disease is very defective. Whether the three following cases, with their dissections, will throw an increase of light on the nature or cause of the affection, we shall enquire farther on.

Case 1. Valette, 18 years of age, entered the hospital Sainte Come, on the 19th October, 1823, for the purpose of accouchment. The process of parturition was tedious and painful, but not attended with any

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* Recherches et Observations sur la Phlegmatia Alba Dolens. Par M. Velpeau, Chef de Clinique à la Faculté de Medecine de Paris. Archives, Octobre, 1824.

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circumstance worthy of record. On the third day, when the milk fever was forming, she received some melancholy tidings, which made a strong impression, and the fever was increased. The mammæ were much gorged. On the 5th day, the lochia ceased, and this cessation was succeeded by cough and pain in the chest. This state continued till the 11th day, when the febrile symptoms ceased, and some appetite returned. On the 12th day, it was ascertained that the patient had got some wine the evening before. In the evening a rigor, followed by fever and profuse perspiration. The abdomen was not painful. The appetite was gone—the cough still continued. Each day the above-mentioned phenomena were renewed, with the usual symptoms of an autumnal intermittent fever, until the 16th day, when the fever ceased. *17th day.* The pulse is small—patient feels feeble—tongue dry. On the 20th, the cold chills and fever returned, with pains in the groins, hypochondria, and left side of the pelvis. The abdomen became suddenly distended—the patient was inclined to somnolency. 25 leeches to the abdomen. 21st day, the abdominal swelling is less, but the part is tender on pressure, especially in the hypogastric and inguinal region. No particular alteration till the 30th day, when the appearance of the patient indicated some great internal lesion, the nature of which could not be ascertained. By the 40th day, the cough had ceased. On the 41st day, the left lower extremity was found to be swelled, accompanied by violent pain in the hip and groin, extending ultimately to the whole limb. *43d day.* The whole extremity œdematous. Pressure gave pain only in the groin. Irregular fever took place from time to time—an eschar formed over the sacrum—the strength diminished. On the 59th day, delirium supervened—and on the 60th, death closed the scene.

Dissection. There was nothing remarkable in the appearance of the brain, heart, lungs, or viscera of the abdomen. The uterus appeared sound externally, as also the ovaries and fallopian tubes. When the left extremity was cut into, it was found much infiltrated in the cellular tissue. The lymphatic glands of the groin were much swelled and red—the muscles small and pale—the vena saphena sound—the crural vein, attentively examined, was found to be red externally, and its cellular coat thickened. This appearance obtained in all its branches deep-seated in the thigh, leg, and in the hypogastric vein. When laid open, these vessels were found filled with purulent matter, concrete, and adherent to their internal surfaces, particularly in the groin and internal iliac fossa. When scraped off the internal surface of the vessels, the latter appeared sound, being pale and not thickened. The primitive iliac vein was also filled with purulent matter of a grumous and membraniform appearance. This vessel was strongly adherent to the sacro-iliac symphysis by means of apparently inflamed cellular tissue. Pus was found in the inferior cava, from its commencement to its termination in the auricle, which cavity also was full of the same. The ventricle, the pulmonary artery even, presented the same contents, mixed with blood evidently altered in its composition. The tunics of the vessels presented no deviation from

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health. The same might be said of the arterial system. A few small abscesses were found between the muscles of the leg. The inter-pubian cartilage was softened—and matter similar to that in the veins was found there. The same appearances were observable in the left sacro-iliac symphysis. The coxo-femoral articulation presented some purulent matter of very fœtid quality. There was no disease in the other lower extremity, or its corresponding vessels.

Remarks. We really can see no evidence in this case of inflammation of the internal surfaces of the veins. They contained a purulent looking matter, it is true; but when scraped with a scalpel, their internal tunics were healthy and even pale. The fluid found in the veins might have been taken up from parts where a suppurative process was going on, as in the symphyses and sacro-iliac fossæ, as abovementioned; or it might have been an altered condition of the blood itself. "Cette mattiere" says the author, "est melée à une grande quantité *de sang qui est evidemment alterée dans sa composition.* Ce fluide en effet, offre ici un aspect fort remarquable: il semble etre formé par une grande quantité de petites graines peu consistantes, de couleur variée, qui auraient été melangées dans un liquide noiratre, &c. *Les vaisseaux eux-memes n'offraient aucune alteration appreciable de leurs tissus.*" Whatever then was the nature or composition of this fluid, there is nothing to lead us to the conclusion that it was the result of any affection of the containing vessels.

Case 2. Damiens, a woman 35 years of age, of athletic form and stature, entered the HÔPITAL DE LA FACULTE, on the 10th February, 1824, for accouchment. Two months previously, she had had a fall on her back, which confined her to bed for a few days. Her delivery was quick and easy. During the first three days nothing remarkable occurred. On the *4th day*, fever arose, with deep-seated pain in the pelvis towards the sacrum. *Venesection. 5th day.* She was better—no pain in the abdomen. *6th day.* The pains in the pelvis have returned with greater violence than ever, and seem to radiate towards the loins. *Venesection repeated. 7th day.* The pains are mitigated; but in the evening there was a rigor followed by fever. *Venesection a third time. 8th day.* Better. *9th day.* Ill again. The pulse is hard and quick—tongue white and loaded—feels a dull weight in the loins and in the pelvis. *10th and 11th days.* Same state. Had occasional shiverings. *12th day.* The pains are increased, and shoot down the thighs. The lochia still continues. 30 *leeches to the anus. 13th day.* The lower extremities are much swelled and painful, especially the *left. 15th day.* The breathing is affected—passage of the urine difficult. *19th day.* A diarrhœa has supervened, and the limbs appear much swelled. *20th day.* The lower extremities are again more swelled and *red.* (enflées et rouges*) The

* A curious instance of "Phlegmatia *Alba* Dolens," as the author calls the disease!

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belly swelled and painful—evacuations involuntary. She lingered out till the 26*th day*, when she expired.

Dissection. Head not examined. All the viscera of the thorax sound. *Abdomen.* About two pints of yellowish serum in this cavity. Some red patches on the peritoneum, which was generally thickened, softened, and in some places infiltrated. The uterus was larger than natural, and had some purulent depôts on its internal surface. *One* of the ovaries and corresponding tube were inflamed and even suppurated. There was a puriform fluid found in most of the veins of the left side, hypogastric and femoral. The left lower extremity was extremely swelled and œdematous, with vast abscesses between the muscles. The inguinal glands were double or triple their natural size. Several of the lymphatic vessels contained purulent matter, the same as the veins, as did also the thoracic duct itself. The symphyses (sacro-iliac and pubic) were in a state nearly similar to that described in the preceding case. Nothing is said of the condition of the vessels themselves. We must, therefore, conclude that, as in the former patient, they exhibited no morbid phenomena.

Remarks. Here again, we have no evidence of inflammation of the veins.

Case 3. Lefevre, 24 years of age, was received at La Maternité for confinement of her second child, which took place eight days afterwards —28th April, 1824. The process of parturition was tedious and painful. Nevertheless the first three days passed without any thing particular occurring. On the 4th day, there were deep-seated pains in the groins and pelvis extending to the abdomen. 40 leeches were applied to the anus. On the *5th day*, finding herself much better, the patient requested her dismissal from the hospital, which was granted. She had scarcely reached home when she was seized with rigors followed by sharp fever. Pains all over the body, but more acute in the pelvis and lower extremities. 6*th day*. She was brought to the HÔPITAL DE LA FACULTE, where she presented the following phenomena:—countenance cheerful—tongue white—thirst—breathing short, but easy—pulse small, quick, and feeble—skin dry and burning—abdomen much swelled with flatus, but not at all painful on pressure—pains in the upper and lower extremities—the latter beginning to shew œdema. *Venesection.* 7*th day*. Better in the morning; but increase of the pains in the evening. Diarrhœa. *Venesection repeated*—40 leeches to the anus. Delirious all night—diarrhœa very troublesome. 8*th day*. All the symptoms exasperated. Breathing short and difficult—epigastrium painful on pressure —inclination to vomit. 30 leeches to the epigastrium. Died at 12 o'clock.

Dissection. Cranial and thoracic viscera all sound. Abdomen much swelled—peritoneum inflamed throughout—a considerable quantity of sero-purulent fluid in that cavity, as well as layers of coagulable lymph over many of the abdominal viscera. The uterus was of the proper

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size, for the period *post partum;* but there was inflammation and a depôt of purulent matter between it and the rectum. "The blood in the venæ cavæ, subclavians, and right auricle of the heart, was reddish and serous, presenting striæ of whitish, yellowish, and grumous matters, mixed with fibrine." There were marks of inflammation, and also purulent matter in the sacro-iliac and ilio-pubic articulations, as in the first case. There was nothing else remarkable, except a few grumous particles, of a white or yellowish colour, in the branches of the hypogastric vein of the left side.

Remarks. We have laid these cases fully before our brethren, in order that they may see with what propriety the author, and some of our cotemporaries have brought them forward as proofs that *phlegmatia dolens* depends on inflammation of veins. In the first place, we deny that there are any proofs of the said inflammation. And in the second place we assert that, in neither of the three cases was there phlegmatia dolens at all. For the truth of this assertion, we appeal to all and every who have seen phlegmatia dolens—or who even have read the descriptions of it, as published in this country. There is not a single feature of correspondence between the diseases above related and phlegmatia dolens, except the *swelling*:—so that the author, and his copiers in this country, might just as well assert that a fractured femur was phlegmatia dolens, because, in both, the limb was swelled!

The diseases above related are interesting in themselves, as shewing fatal inflammations arising in certain parts after child-bearing; and the first and second cases are curious, as shewing the presence of purulent matter in the veins and absorbent vessels, with some strange alteration of the blood itself. But, as illustrations of the pathology or etiology of phlegmatia dolens, these cases are most exquisite specimens of ignorance and credulity.

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14. *Obliteration of the Biliary Ducts.* Several curious and interesting cases of this kind are related in the "Archives," by the younger Andral, of which we shall give some account in this article. M. Andral thinks, and probably with reason, that many cases of icterus, attributed by practitioners to *spasm* of the biliary ducts, are, in reality, owing to inflammation of the membrane lining these conduits, and thus, more or less, completely stopping them up, either temporarily or permanently.

Case 1. A shoemaker, ætat. 35, was received into La Charite on the 8th November, 1821. Six days previously, after an excess in eating and drinking, he was suddenly seized with a violent pain at the epigastrium, a little to the right side. *9th.* He presented the following symptoms: viz. yellow tinge of the conjunctiva and of the whole surface of the body—obtuse pain in the right hypochondrium—a pyriform moveable tumour there, the extremity of which pointed under the false ribs, nearly as low as the line of the umbilicus—tongue natural—thirst

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moderate—appetite gone—stools scanty and colourless—pulse frequent—skin hot and dry. The tumour was considered to be the gall-bladder turgid with bile. *Leeches to the anus.* During the four following days the tumour increased in size, without any change in the other symptoms. On the 13th November, (eleventh day from the commencement of the attack) the patient was suddenly seized with an acute pain, which quickly spread over the whole of the abdomen. 14th. The pain continues, and is greatly exasperated by the slightest pressure—sufficiently indicating acute peritonitis. The face became pale and shrunk—anxiety great—pulse small and very quick—extremities cold. Died in the evening.

Dissection. The peritoneal cavity contained a good deal of purulent liquid of a yellowish colour. The internal surface of the duodenum was intensely red. Much difficulty was experienced in finding the entrance of the ductus communis choledochus, and, when found, it would scarcely admit the point of a fine probe. The whole of the canal was found to be greatly contracted, almost to obliteration, and its parietes thickened. The cystic and hepatic ducts, on the contrary, were very much distended, as was the gall-bladder itself. The hepatic duct, near the entrance of the cystic, was found to be burst, and through this opening, the bile had been extravasated into the abdomen, and there given rise to the peritoneal inflammation. There was no other organic change in any of the viscera.

Case 2. A man, 30 years of age, experienced, for two days, an acute pain in the right hypochondrium, after which he became jaundiced. When he entered LA CHARITE, the icterus and pain continued. A tumour of pyriform shape was detected below the ribs on the right side, which was moveable under the fingers. It appeared clearly to be the distended gall-bladder. The pulse was frequent—the skin hot—constipation obstinate. *Twenty leeches to the anus—lavemens—pediluvia.* During the three following days the tumour diminished—the jaundice was dissipated—the stools were re-established—and the patient was soon discharged cured.

Case 3. A man, 64 years of age, entered LA CHARITE in the latter part of December 1821. Three months previously, and without any known cause, he was seized with bilious vomitings, which continued some days. These having ceased, a diarrhœa came on, which lasted a month, and greatly reduced the patient. Towards the middle of September, the flux diminished, but the debility continued. The appetite was entirely gone—the food taken was digested with great difficulty—jaundice became established. Having entered the hospital, he presented the following phenomena:—viz. yellowish green jaundice—great emaciation—tongue nearly natural—anorexy complete—when a little food was taken it lay heavy at the pit of the stomach for several hours—stools scanty and unnatural—no tumour could be detected in the abdomen. Leeches to the epigastrium procured no relief—a blister was more serviceable. In about a fortnight, the patient's condition, as to his stomach;

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seemed a little ameliorated, but the icterus continued—and so did the debility and emaciation. One morning the patient felt something give way internally in the right hypochondrium, and a few minutes afterwards was seized with violent pain there, which spread over the whole of the abdomen. Acute peritonitis now immediately supervened, and was not arrested in its progress by numerous leeches to the abdomen. He died in the course of the night.

Dissection. A considerable quantity of greenish fluid was found in the abdomen. The gall-bladder was burst. The ductus communis and ductus cysticus were so contracted that the finest probe could not be passed along them. Their parietes were greatly thickened. The hepatic duct was much enlarged, and contained many biliary calculi. The substance of the liver was not altered. The mucous membrane of the stomach was thickened. Nothing else remarkable.

Case 4. A man, 50 years of age, entered La Charité in the beginning of December 1820, having been affected with icterus for seven months. He stated that he had never had any pain in the abdomen; but a swelling in that part had taken place during the last three months. The patient was now completely jaundiced, the face being of a yellowish green colour. The belly was enormously distended with water—the lower extremities slightly œdematous—appetite defective—the stools loose and entirely colourless—urine scanty and greenish—no pyrexia—thoracic organs apparently sound—not much inconvenience in respiration, and that produced by the fluid in the abdomen. This last was attributed to disease of the liver. *Ptisans, diuretics, mercurials, digitalis, &c.* During ten or twelve days, no change in the symptoms; but he suddenly expired about this period.

Dissection. The brain was soft and watery, but without any other lesion. Thoracic organs sound—peritoneal cavity filled with enormous quantity of water, of clear character, tinged a little of a citron colour—no appearance of inflammation in that membrane—liver remarkably small, and, as it were, wasted, and of an olive colour—it was otherwise of a natural texture—the primary biliary tubes considerably dilated, and filled with a grumous yellow matter, like the precipitate of bile by nitric acid—the ductus communis choledochus and ductus cysticus were transformed into a ligamentous cord, in which no cavity could be discovered by the most minute dissection—a biliary concretion in the gall-bladder, of the usual kind. The spleen greatly enlarged—the other digestive organs perfectly sound.

The foregoing cases may furnish some food for reflexion, both pathological and physiological. They prove, we think, that the bile is of some consequence in the animal economy—and that obstructions to its natural course into the intestines are not unattended by inconvenience or danger. From these obstructions to the course of *healthy bile*, we may form some idea of the effects of depraved—redundant—or defective secretion of the same fluid, on the digestive organs, and on the general health.

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15. *Suppression of Urine.* Madame L—— had been affected with an ulcer on one of her legs for nearly 25 years. At length, she found the means of healing it, by an ointment procured from a charlatan. Shortly after the healing of the ulcer, she was seized with pains in the abdomen, inclination to vomit, and suppression of urine. M. Dupont, physician to the *Hospice de Gournay*, saw her on the fifth or sixth day. She had then some fever, moist skin, tongue dry and red, nausea, distention and pain of the abdomen. The catheter was introduced, but not more than an ounce of urine was found in the bladder. Fomentations and diluent diuretics were ordered. In three days more, M. Dupont visited the patient, and found her in nearly the same state. No secretion of urine. It was now that he learnt the circumstance of the healing of the old ulcer, and satisfied himself by examining the cicatrix. Suspecting a metastasis to the bladder, he applied a large blister to the site of the ulcer. The following day, a small quantity of urine was passed naturally. The proportion daily augmented, and in a few days, amounted to the usual quantity. All the other symptoms disappeared.—*Gazette de Santé.*

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16. *Hæmatemesis fatal in* 14 *Hours.* M. Gaube *(Revue Med. Mars,* 1825) has related a case of this kind, the particulars of which are as follow. Madame ———, aged 40 years, of good constitution and embonpoint, complained to our author of a pain which she felt in the stomach immediately after taking some mutton broth. She thought she had swallowed a small bone of the mutton. As the pain was but trifling, and as deglutition was easy, our author made light of the complaint, and desired the patient to rest contented for the present. Seventeen days after this, viz. on the 11th December, 1824, our author was summoned in great haste to the patient, who was said to be dying of vomiting of blood. He found her senseless, without pulse, pale, extremities cold, having vomited up an enormous quantity of blood. Even in the above condition, the blood was coming up freely, partly in clots, partly florid. Frictions were applied to the extremities, and some cordial mixture was poured down the throat. The hæmatemesis was renewed every few minutes, preceded or succeeded by syncope, convulsions, and all the symptoms of approaching death. Various means were employed, but all to no purpose. She continued vomiting blood, with short intervals, till death put an end to the scene.

Dissection. All the great vessels, including the heart, were completely empty of blood. The lungs were sound. The œsophagus presented no trace of disease. The stomach was much distended with gas, and contained a large clot of blood. Its parietes shewed nothing particular, except two small patches of apparently recent inflammation. The parietes of the duodenum, on the other hand, were of a brownish black colour, especially on the internal surface, where the vessels were injected to the highest pitch.

We leave our readers to their own reflexions on this case. The reflexions of M. Gaube present nothing very interesting.

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17. *Cardiac Aneurism in a Young Person.* Hypertrophy of the heart is certainly not very often seen in persons under 15 or 20 years of age; but we believe that both carditis and hypertrophy take place more frequently in young people than is generally supposed. M. Bricheteau has related a case in the Journal Complementaire, of which we shall take some notice here.

Case. Flore ——— H———, twelve years of age, not having yet menstruated, had enjoyed good health, and was of a very placid disposition till of late years. Latterly, she had complained of some difficulty of breathing, and of wandering pains in the chest. Her parents had led a most unhappy life, and the young lady was constantly witnessing their quarrels, and the ill-treatment of her mother. These scenes made a deep impression on her mind, and were even renewed in her dreams. Under these circumstances, she had an attack of rheumatism, which was cured, or supposed to be cured, by an empirical remedy. After this, she found difficulty in going up stairs, complained of palpitation, pain in the region of the heart, flushings of the face, and occasional sense of suffocation. When our author was consulted, she was in the following deplorable condition;—countenance pale, and indicative of great suffering—inability to lie down—breathing laborious—pulse quick and irregular, as were the cardiac pulsations, which could be felt over a considerable space—fixed pain in the region of the heart, aggravated in paroxysms, which generally came on in the evenings or in the night, accompanied by great palpitation and dry cough, with restlessness and anxiety. She was ordered to be bled from the arm, and revulsive pediluvia, as well as manuluvia, were directed. Other measures, of a palliative kind, were employed, but they merely gave temporary relief. She died on the 20th October, 1820.

Dissection. There were evidences of old inflammation, and some effusion in the right side of the chest. The heart was extremely voluminous. The pericardium was adherent to the heart throughout, and could not be separated from it. The vertical diameter of this organ measured 8 inches, (French) and the girt fourteen inches! The left chambers were augmented in size, and their parietes thickened—the right auricle and ventricle were also dilated, but their parietes were thinner than natural.

Another case is related by the same author of a young lady, 13 years of age, who, having lived in a damp situation, was affected with intermittent fever, for which she was removed to a dry and keen air. The ague disappeared, and was succeeded by affection of the breathing, palpitation, and, ultimately, cough. These symptoms continued to increase during two years, in spite of various means which were resorted to for their cure. Death at last put a period to her sufferings.

The comparative rarity of aneurismal affections of the heart, in children, may be easily accounted for by their comparative immunity from those various moral causes which so frequently produce the complaint in adult age. " De toutes les causes (says Corvisart) capables de pro-

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duire les maladies du cœur, les plus puissantes, sans contredit, sont les affections morales." These moral causes, or agitations of mind, all, or almost all, seem to concentrate their effects on one of two points—the heart or the stomach. Hence, diseases of the circulating system and of the digestive organs, with all their various concomitants and consequences.

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18. *Pericarditis, and other Phlegmasiæ, from a Moral Cause. (Archives Generales, Fevrier, 1825.)* A young ecclesiastic, 20 years of age, much given to intellectual pursuits, was subject to sudden and considerable bleedings from the nose, and to no other malady. On the first day of October, 1822, he experienced some disappointments, from which time he appeared depressed in spirits, and much altered in his countenance. His eyes seemed to himself to be sometimes covered as with a mist—profuse hæmorrhages from the nose several times in the 24 hours—insomnium obstinate—afterwards, violent cephalalgia—progressive loss of sight—sense of tightness in the anterior part of the chest, preventing the recumbent posture on the back—anxiety—cough, and frothy sanguineous expectoration. 8th October, 6th day of these symptoms, 15 leeches were applied to the chest—rigid abstinence—diluents. Towards mid-day, the patient found himself worse, although the leech-bites were bleeding freely. Dr. Bidois now saw the patient, and found him sitting up and leaning forward in his bed—his face puffy—lips and conjunctivæ exceedingly pale—sight much enfeebled—vertigo—breathing laborious—sense of fulness and heat in the chest—cough troublesome, with frothy red expectoration—great sense of suffocation—constant restlessness—inability to lie down—strong præcordial pulsations—pulse at the wrist full, hard, and corresponding with the action of the heart—tongue pale, and slightly yellow at the root—extremities cold. Bled to 12 ounces from the arm, and the leech-bites encouraged. *Evening.* Great amelioration of symptoms from the bleeding—especially in the freedom of the chest, and the diminution of the redness in the expectoration, and strength and frequency of the pulse. 9th and 10th. The amelioration continued—the patient could lie down on the right side, and get some hours' sleep. Still there was tightness in the chest—and, although the other symptoms were abated, the præcordial pulsations were extremely violent. The swelling of the face has augmented; and the same obtains in the hands and feet. The same remedies, *but no farther sanguineous evacuation.* After some days the patient seemed much better—could walk about his room—and receive his friends. On the 19th of October, the patient, yet convalescent, stood at the window of a very small room for several hours, talking much, and that day eating and drinking more than was prudent. In the evening, he had severe cephalalgia, and return of the pectoral symptoms before enumerated, which became progressively aggravated towards midnight. At this time, the anxiety and oppression at the chest were intolerable. He was therefore bled to ten ounces. 20th Oct. The relief from the bleeding

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was less marked than on the former occasion. The blood was buffed, but the buff was not very thick. In the evening there was epistaxis. *Pediluvia—juleps, with syrup of poppies.* Night very restless. 21st. The epigastrium very tender on pressure—complains that the drink makes him sick—the thoracic symptoms still continue. The contractions of the heart make the whole thorax vibrate. 22nd. There being no abatement of the symptoms, ten ounces of blood were abstracted—cataplasms, &c.—fomentation to the epigastrium, which was become very painful. The cataplasms could not be borne on the epigastrium—bilious vomitings this morning, preceded by a sense of burning heat at the cardiac orifice of the stomach. 23d and 24th. Constant vomiting, day and night, of bilious and greenish matters, streaked occasionally with a little blood, and still accompanied by burning heat at the pit of the stomach. Things went on from bad to worse. The thoracic affections were, in some degree, veiled, as it were, by the intensity of the gastric symptoms. He died on the 26th October.

Dissection, 24 hours after death. Abdomen.—About a pint and a half of yellow serum in the cavity of the peritoneum, of heavy odour, and containing gelatinous flocculi. The stomach was much contracted, of a reddish colour externally, and its vessels very much injected. Internally it contained but a small quantity of ropy fluid. Its parietes were thickened—its mucous lining of an orange colour from inflammation, especially about the cardiac orifice, the redness gradually diminishing as the pyloric orifice was approached. In the duodenum, the redness and inflammation again appeared in a very high degree, and was prolonged, with more or less intensity, into the small intestines. The internal surface of the œsophagus of a vinous red colour, especially its lower half—liver very much enlarged. *Thorax.*—In the bags of the pleura, on both sides, there were several ounces of yellowish serum, with gelatinous flocculi, similar to that found in the cavity of the peritoneum. The pleural linings not sensibly affected themselves. The lungs were sound, but slightly infiltrated. The mucous membrane of the trachea and bronchia of a reddish violet colour. *Heart.*—Some ounces of serum in the cavity of the pericardium—the membrane itself, both its loose and reflected portions, of a yellowish colour, rough, thickened, and unequal—in short, intensely inflamed. The size of the heart was considerably greater than natural, for the stature of the man. The left ventricle was thickened in parietes and enlarged in cavity.

M. Bouillaud has made some reflexions on the above case. He comments on the neglect of auscultation, whereby the nature of the thoracic malady was not appreciated. In this we agree with M. B. but then we say that no practical man in this country would have been led into the error of M. Bidois, whether he had a stethoscope or not. The symptoms indicated dangerous inflammation in the chest, and these were to be combated by active depletion, *whatever was the actual seat of the phlogosis.* There is scarcely an apothecary's apprentice in this country—certainly not a dresser at an hospital, who would not have saved this young clergyman's life by copious bloodletting, even from the first

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blush of the symptoms which were presented. Who, in his senses, on seeing a young man unable to lie down in bed—coughing—spitting up frothy, bloody expectoration—with sense of suffocation, and hard, full pulse, would not have instantly unsheathed his lancet, and bled him till the symptoms were relieved or syncope intervened?—None in this country. M. Bouillaud says—" que nous aimons à placer M. Bidois parmi les bons observateurs." His friend may be a good *observer*—but we maintain that he is a very bad *practitioner*.

III.

SURGERY.

1. *Wound of the Carotid Artery.** We shall give the particulars of this curious case, before we make any observations on the conclusions which are drawn or to be drawn from it.

Case. Charles A———, a sergeant in the army, aged 21 years, of thin form and lymphatic temperament, had experienced, almost from infancy, symptoms of hypertrophy of the heart—the pulsations of which were felt with great force, and to a great extent in the chest. On the 13th July, 1824, he received, in a duel, the thrust of a small sword immediately above the articulation of the right clavicle with the sternum, instantly followed by a profuse hæmorrhage of arterial blood, ending in syncope. The neck was muffled with handkerchiefs, and the patient was conveyed to the Hôpital St. Eloi. Half an hour afterwards, M. Delpech saw him. He had recovered from the syncope —vomited—and was pale and languid—pulse weak and irregular. The skin around the wound was puffed out by a mass of coagulated blood, and there was considerable intumescence of the front and right side of the neck. There was evident to the eye and to the finger a pulsation of the part. The situation and the direction of the wound—the form of the tumour, and other circumstances, pointed out the arteria innominata (le trônc innominé de l'artère carotide droite) as the probable seat of the injury. At all events, the wound of the vessel was below the level of the top of the sternum, in which situation there was no prospect of success from an attempt to pass a ligature round the vessel. The hæmorrhage was stopped for a time by the thrombus, and it was highly desirable to preserve things in their actual condition as long as possible. The coagulum which presented itself between the lips of the wound was not disturbed, and adhesive straps were passed around so as to support the edges of the wound, and prevent the escape of the coagulum, without, at the same time, making too great pressure. Two assistants were stationed with the patient to relieve each other, and make gentle pressure with their fingers on the site of the wound. The patient was

* Professor Delpech. Revue Med. December, 1824.

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placed in bed, with his shoulders raised, and twenty ounces of blood were immediately taken from the arm. The whole of the neck was covered with a bag of ice, which was hourly renewed. Iced lemonade was ordered for drink. It was now nine o'clock in the evening, and the large bleeding had reduced the pulse to a very feeble state. Venesection was ordered to be repeated as often as the pulse rose. At one o'clock in the morning, great anxiety, oppression, pain at the top of the sternum and clavicles; inclination to cough, which was with difficulty resisted. The pulse had risen in force and frequency. *Twelve ounces of blood were abstracted.* At three o'clock, a renewal of the state of restlessness, and the pulse had regained strength. *Twelve ounces of blood taken.* At seven o'clock in the morning, he was visited by Delpech, who found the symptoms again indicating venesection, which was performed to *ten ounces.* At 11 in the forenoon, bled to *ten ounces.* At 1. P. M. *venesectio ad* ℥viij—*two grains of powder of digitalis every two hours.* 4. P. M. The arterial action had again increased, and the pulsating tumour had considerably enlarged, beating awfully. The clot was kept between the lips of the wound by main force. Pad and compresses applied to the mass of coagulum and over the wound, and secured by bandages, straps, and manual pressure. The digitalis to be taken every hour. *Bled, for the seventh time, to ten ounces.* At nine in the evening, (14th) agitation, increase of pain, rise of pulse. *Bled to eight ounces.* At one in the morning, (15th July) *bled to six ounces.* At 7, A. M. *bled to eight ounces. Three grains of digitalis every hour.* At 3 P. M. the pulse was only 50 in the minute, but getting full and sharp. The pain about the sternum, however, had increased, and the patient was bled, for the eleventh time, to *ten ounces.* This night was passed more calmly, and the patient had some sleep. 16th. At 7 in the morning, the pulse was 55 and feeble; but the action of the heart was energetic, and accompanied with pain throughout the whole of the *left* side of the chest. The ecchymosis had spread—the tumour had become harder and more coloured, with diffuse pulsation. Complains of cardialgia. *Bled to* 8 *ounces:*—digitalis reduced to two grains every hour. At 7 in the evening, although the pulse was at 50, it had become full, and *ten ounces of blood were taken.* This night was also quiet—the pains in the sternum diminished. 17th. At 7 in the morning the pulse was at 40, feeble, irregular, and occasionally intermitting. The ecchymosis extends—the breathing is freer—complains of cardialgia, particularly after taking the digitalis. At 2, P. M. the pulse has risen, though not more frequent. *Bled to* 8 *ounces.* 18th. At 7 in the morning, pulse 45—cardialgia and sickness. At 2. P. M. it was necessary to bleed again to 8 *ounces.* 19th. The pulse keeps low—some vomiting. 20th. The state of things was promising in all respects, but the patient rejects the digitalis with disgust. 21—to 24. Same state. Emollient glysters brought away great quantities of fæces. The aneurismal tumour gets harder and harder—the pulsations are obscure—the volume of the swelling rather diminished.—The ice applications

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are left off during the last four days. This day (24th) the patient complains of pain in the centre of the tumour. The coagulum is partly detached, and a sanguineous fluid oozes forth. *Bled to* 12 *ounces.* In the evening an accession of fever. 25th. The iced applications renewed—five grains of the sulphate of quinine to be taken twice in the forenoon. A greater discharge of sanguineous fluid to-day. In the evening another accession of fever, but weaker. 26th. Still an oozing of blood from the wound—but the tumour is less turgid. Three grains of quinine. No evening fever to-day. 27th—28th—29th, the oozing of decomposed blood continues, mixed with pus—pain throughout the tumour—and it is evident that suppurative inflammation has taken place all round *the coagulum*—The coagulum itself is virtually detached, and seems to supply the greater part of the sanguineous oozing. Some dangerous event was now dreaded. A great number of leeches were applied over the tumour, with the view of checking the progress of the inflammation going on within. 30th. At 3 P. M. hæmorrhage to about four ounces took place, in arterial jets. A new compress was applied, and the bleeding ceased externally, but continued to fill the cavity below, and painfully to distend the parietes of the tumour. At 7 in the evening, venesection to four ounces. The digitalis (2 grains) resumed every hour. In the night, a fresh hæmorrhage, which was again restrained by firm pressure. The volume of the tumour, however, is evidently augmented by each hæmorrhage. 31st. At 7 in the morning twenty-four leeches to the neck. 1*st. August.* The extravasation of blood in the cellular substance extends to the upper part of the sternum, and produces much pain. *Twenty leeches* gave relief. The oozing of bloody pus continues. 2d. Acute pains about the middle of the sternum, relieved by the application of 16 leeches. 5th. Violent palpitations of the heart—acceleration of the pulse. Digitalis in infusion. In the evening, relief—night tranquil. 7th. Diminution of the tumour—the patient feels very well, and craves for food. Two ounces of bouillie allowed. From the 8th till the 12th—the suppuration became more pure and copious, with progressive diminution of the tumour, in which, however, there was still a pulsation to be felt. The nutriment was allowed in larger quantity. From the 12th to the 24th—granulations shot forth in the place which the coagulum had occupied. The pulsation was only felt in the centre, and was very obscure at a little distance from thence. The suppuration is still copious. 26th. There was some fever to-day. The patient acknowledged he had procured some solid food privately, by which he was much incommoded. From the 26th of August to the 9th September, the patient was troubled with colics and diarrhœa. He was kept on a most rigid regimen, notwithstanding his remonstrances to the contrary. 10th September, every thing favourable. The tumour is reduced, to a very small size, and what remains is firm. There is still some pulsation about the site of the original wound. More nutriment was now allowed—the patient gained strength—left his bed—the wound healed—but a pulsation was still perceptible over the cicatrix, accom-

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panied by a thrilling sensation, like that which is observed in cases of communication between an artery and vein. The patient left the hospital on the 3d of October, as well as could be expected after such a desperate injury. He was counselled to renounce the military profession—to avoid all strong exertions of mind, body, or voice—in short, every thing which might accelerate the circulation, or poduce fulness of the vascular system.

Observations. Professor Delpech thinks that the phenomena altogether, when taken in connexion with the site and direction of the wound, must leave no doubt that the carotid artery was wounded. This point, we apprehend, must be conceded to him. The case is an admirable illustration of what may be done by repeated bleedings, cold applications, and digitalis in large doses, for the repression of hæmorrhage from arteries of even very large calibre. We are very far, however, from thinking that the patient is free from all danger of aneurism. When he comes to have more blood in circulation than when he left the hospital, let him beware of a storm. Delpech himself indeed, does not seem quite easy as to the future. "Il est difficile," says he, "de dire ce que deviendront les choses dans l'avenir." Sincerely do we hope that the exertions which were meritoriously made to avert the immediate danger, may be successful in warding off any sinister consequences that might be reasonably dreaded in the sequel.

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2. *Lithotomy.** Every practical suggestion from so expert an operator as Mr. Liston, will be attentively listened to by the surgeon. Mr. L. considers the lateral operation, when well performed, as the best possible mode of lithotomy. In this paper, our author proposes a method of proceeding "which undoubtedly obviates a great deal of danger." For the originality of the plan Mr. Liston does not vouch—but only for its disuse. Previously to stating this improvement Mr. L. dwells on the causes of death after lithotomy, which he avers to be rarely more than two—the exhaustion of the powers of life from the tediousness of the operation—and infiltration of urine into the cellular substance about the neck of the bladder, in the perineum and pelvis. Has M. L. never seen men die from hæmorrhage and its consequences? We have seen instances, where the effects of a severe hæmorrhage were never overcome by the constitution, and where the patients died at the end of three or four days, exhausted and exsanguined.

On the first class of causes (protracted operation) Mr. L. does not mean to comment. He observes, however, in another part of his paper, that even in the worst and most complicated cases of lithotomy, there can be no excuse for the patient being more than a very few minutes on the table. We have seen some of the most expert surgeons

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* Remarks on the Operation of Lithotomy. By Robert Liston, Esq. *Ed. Journal, January,* 1825.

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in Europe unable, with all their dexterity, to accomplish lithotomy under a quarter of an hour or twenty minutes. We certainly think that this *contest with time*, in surgical operations, is far beneath the ambition of a scientific surgeon. But to return. The extravasation of urine is the great danger, and Mr. Liston's improvement is for the purpose of obviating this. Mr. L. thinks that *inflammation* is often blamed, when *infiltration* is the cause of the bad symptoms. We do not see how infiltration can take place without inflammation following—at the same time, we grant that this last inflammation differs materially from common inflammation unconnected with infiltration. The causes which produce infiltration are various.—Thus, the external incision may be too high, so that there is no dependent passage for the escape of fluids—or it may be not in proportion with the internal incision; in consequence of which, extravasation takes place from the wound being blocked up by coagula, or its external lips glued together before the urine begins to flow. This last accident seems to be rendered more likely to happen by the old practice of securing the patient's thighs together, "the wound being previously covered up with dressings," as is often the case, according to Mr. Liston. We know not what is the practice, in this point, in Edinburgh; but we can aver that no surgeon of this metropolis thinks of applying any dressings to the wound, or of tying the thighs together.

Swelling about the wound will be apt to take place where there has been much difficulty in extracting the stone, and consequently where there has been some laceration and bruising of the parts. "If the inflammatory action has been general, after a short time the chance of infiltration occurring is very slight."

"In order to do away with this danger, and also to facilitate the extraction of the stone, the external incision should be made extensive. It should be made to pass well by the side of the anus. All stricture occasioned by the *levator ani* is to be relieved, the rectum being pressed to the one side by the finger of the left hand. The staff is then, and not till then, to be felt for in the upper part of the incision, under the symphysis pubis (where it is covered merely by the membranous part of the urethra), and the incision into the neck of the bladder made from thence. In making the incisions thus, the operator does not interfere with the management of the staff; the surgeon assisting keeps that instrument well lodged in the bladder, and hooked firmly against the symphysis pubis, so as to afford as much room as possible betwixt the urethra and rectum. It is not moved from *this position* from the time of its introduction, until the opening into the bladder is completed.

"The preliminary incisions are made, of course, with a sharp-pointed knife, and it is of little consequence whether those into the bladder are performed with a beaked one or not. The greater number of those surgeons who have studied this and other operations on the dead body are agreed, that the internal as well as external incisions can be very well executed with the common operating knife. An opening sufficient to admit the finger easily is made by simply pushing the knife along

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the groove of the staff, and raising it a little upon the point, and through this, a stone of a considerable size can readily be made to pass; if, however, the stone is found to be of a large size, a narrow probe-pointed knife will be found the most convenient instrument for enlarging the wound sufficiently." 29.

The causes of infiltration are numerous, but in order to obviate them effectually, our author recommends (and we entirely agree with him) the introduction of an elastic tube through the wound into the bladder. Mr. L. has been in the habit of using a piece of œsophagus tube, about 5½ inches long, and between two and three eighths of an inch in diameter, perforated by a common punch with a few holes at the end, which is to be inserted into the bladder. The tube should be introduced immediately after the operation, and retained by straps. It should be carefully cleared of coagula by a probe and lint, for the first few hours after the patient is put to bed, and should not be withdrawn till the track of the wound has had time to become consolidated—which is generally four days.

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3. *Dissection Wounds.* Mr. Shaw has published a short paper on this subject, in the May Number of the Medical and Physical Journal, of which we shall here take some notice. He agrees with Dr. Duncan, that "the effects of wounds received during dissection, should be classed under two heads, forming cases which differ essentially from each other. The one seems to be of a specific nature, is attended with immediate danger, and is generally the consequence of examining a body a few hours after death; and, as far as my experience goes, most frequently follows dissection of the bodies of persons who have died with inflammation of some of the serous membranes. The other cases are more common, are less dangerous, and resemble, in many respects those with which all who have attended to hospital practice must be familiar:—I allude now to the consequences of wounds received in the dissecting-room during the examination of parts which are putrid."

Mr. Shaw thinks that means have now been discovered to *prevent* this last class of morbid affections, or at least to render them of comparatively little danger. This prevention is effected by means of injection of the bodies with solution of nitre and salt, previously to their being dissected. In consequence of this procedure, it is common for students to keep a body for eight or ten weeks, with scarcely any bad smell, the muscles of the limbs appearing fresh and florid. Previously to this plan being put in execution, frequent bad consequences resulted from dissection wounds—particularly in the spring, when the constitutions of the students had become deteriorated by a winter residence in town. "The only cases that have occurred during the last three or four years, proceeded from the dissection of the ligaments, after the limb had been kept for some time in water—or in preparing bones that have been macerated—being, in short, the only occasions on which the student is

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subjected to putrid matter not corrected by the solution of nitre and bay salt."

"The history of the effects of a wound made under these circumstances, is nearly the following:—The finger is scratched or pricked in the morning; there is not much pain at the time, but it gradually increases towards the evening; a little uneasiness is felt in the axilla, and next morning red lines can be perceived running up the arm. The finger is now excessively painful; there are often slight rigors, and general uneasiness; the countenance is anxious, and the tongue is sometimes furred, with head-ache; but still there is not much fever.

"The finger becomes rapidly swollen and livid, so as to call for immediate attention, and the general system is so much affected that we cannot be satisfied in considering the patient as suffering merely from a local complaint.

"I shall now offer a view of the general plan of treatment I have followed in such cases. The best local application is lint soaked in equal parts of laudanum and Goulard's lotion, which are to be used tepid at first. The lint should be applied in slips round the finger, and in larger pieces over the hand and up the arm; the whole of which should be kept on a pillow, the hand being on rather a higher level than the shoulder. Notwithstanding this soothing application, the pain sometimes continues so intense, that the patient begs to be allowed to try the effect of a poultice. If this be applied, a large quantity of laudanum should be put into it; but I have generally found that the patient, after a short trial of the poultice, gave it up for the wet dossils. The weight of the poultice seems to increase the irritation. In the course of the second or third day, the patient is so convinced that there is matter situated deeply, that he urges the necessity of cutting down upon it. This is a question of some difficulty. I have several times been disappointed in the expectation of finding matter, although I have cut down to the bone; but I believe it is safer to commit this error, than run the risk of allowing matter to lodge: it does occasionally form very rapidly; and if, under such circumstances, it be not evacuated, it keeps up a dreadful degree of irritation. It is well known that, when matter is pent up under the tendons, it quickly causes them to slough, and even the bone to exfoliate. I would, therefore, were there the slightest suspicion of matter being lodged, cut fairly down to the bone. From experience in my own person, I can state how great and how immediate the relief is from its evacuation, although the operation itself is most painful. By the fifth or sixth day, if the general treatment has been judicious, the bad local symptoms will probably have subsided; but the hand should, for three weeks at least after the severer symptoms have disappeared, be carefully nursed and kept in a sling, as a sort of erysipelatous inflammation is very apt to attack it, and to run from one finger to another, and to be increased by the slightest exertion. The swellings in the axilla must not be neglected; but they have never suppurated in any case that I have seen.

"The general treatment I have pursued, has been to keep the bowels

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in an active state, and this by a combination of calomel with the warmer purgatives, in preference to saline medicines; to keep the patient at first almost in a state of stupefaction, by laudanum and porter. This mode of treatment has been criticised; but I still recommend it, however it may be in opposition to the theories of the nature of this affection, because it appears to afford more relief than any other. While suffering severely under one of these attacks, I have, before going to bed, taken a large dose of opium, and nearly a pot of porter: in this way I have been relieved from the excessive pain, and have slept soundly, although, when I am in good health, a few drops of laudanum or a pint of porter would make me feverish and restless.

"I enjoin the patient to live well, and take more wine than he has been accustomed to; and, if the arm is not hurt by motion, to keep as much as possible in the open air. When the severity of the inflammation has subsided, I advise him either to go into the country, or to take occasional short rides out of town on the outside of a coach." 372.

We have already, in the review of Dr. Duncan's paper, expressed our opinion that the inflammation and pyrexia following poisoned wounds (for surely these deserve the name,) cannot safely be treated in the same depletive manner as common inflammations and their attendant states of fever. While bearing this general caution in mind, we should, however, be guided in each individual case by the phenomena presented in that case. When, for instance, the pain is highly acute, the parts swelled and inflamed—the pulse hard, full, and quick—the constitution vigorous, we surely *ought* not to proceed on the principle, of dosing the patient with laudanum and porter, in the same way as where the phenomena are of the low kind, and where the system appeared (as it often does,) labouring under a poison which it is striving to throw off. In these last cases, which are by far the most numerous, we should certainly prefer Mr. Shaw's plan of treatment, as it is most consonant with reason and with the character of the symptoms exhibited.

Our author never advises venesection in cases similar to those he has described above, and doubts the propriety of leeches, even when the inflammation extends up the arm. "He would trust principally to an assiduous use of the Goulard lotion and laudanum along the arm."

If the patient be in bad health, there will be danger of the local irritation increasing so as to cause foul abscesses. In such event he, Mr. Shaw, thinks the principles of treatment will be the same as in those cases familiarly known by the term of the "bad hospital hand"—in fact, nearly the same treatment as that which he has already described.

"The other class of cases is more serious, as it constitutes an affection to which the practitioner is more liable than the student, and one that is attended with immediate danger to life.

"All who have been in the habit of attending to morbid anatomy, must admit that there is more danger from a wound received during the examination of the body of a person who has died from any form of

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inflammation of the peritoneum, than of any other disease. So much have I been convinced of the truth of this, that I have for many years inculcated on the student the necessity of being particularly careful when examining a body, even though it is not putrid, where death has been caused by puerperal fever, the operation for hernia, or any form of peritonitis, or even of pleuritis.

"If, five or six hours after examining such a body, pain is felt in the finger, and a small pimple or a blush of red is found at the part, immediate attention should be paid to it. If the case proceeds in the usual manner, there will probably be a darting pain up the arm, which seems to fix more particularly in the shoulder or side of the chest. Within fourteen hours, the patient is very ill; he suffers a great deal of pain, and is anxious and alarmed. Red lines may generally be perceived running from the hand towards the axilla, but it sometimes happens that there are no marks on the arm, nor even on the finger. Indeed, the affection of the finger is occasionally so slight, that it is neglected, and the patient refers all his suffering to the shoulder and chest." 373.

Here Mr. Shaw relates the cases of Dr. Dewar and Mr. Hercey, published by Dr. Duncan, and already analysed in the 3d. number of this series.

In the discussions respecting these kinds of wounds, which have occupied most of the medical societies of the metropolis during the last winter, some anatomists and pathologists maintained that the bad consequences resulting from dissection wounds were totally unconnected with any poison introduced by the instrument, and entirely dependent on the irritation of the puncture in a deteriorated constitution. This appears to us to be a very lame doctrine. If the symptoms depended merely on the puncture, and the matters on the instrument had nothing to do with the said symptoms, how is it that we have not these effects constantly taking place in common life, among artificers, who are daily and hourly cutting themselves with various instruments, their constitutions too being very far from the best; whereas, the train of phenomena following dissection wounds is rarely, if ever seen among them? One anatomist, in a public society, asserted his opinion that no poison was introduced in dissection wounds, proving, as he imagined, this doctrine, by the fact that he had several times seen students cut themselves freely, while dissecting putrid bodies, without any bad effects resulting. This we conceive to be a very weak argument. For certainly the more free the cut, the less danger of absorption; and *vice versâ*.

The following are Mr. Shaw's therapeutical sentiments, in which, to a certain extent, we are inclined to agree:

"With regard to the treatment, the most important question seems to be, what is to be done during the first twenty-four or forty-eight hours? for, after this time, the peculiar character of the disease is in a great measure lost. The patient may fall into a low typhoid state, or he may

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labour under the symptoms of the erysipelas phlegmonoides; so that after a few days, there may be a question as to whether he is to be stimulated and supported, or to be reduced by bleeding.

"Are we to bleed in the first instance?—Is a man who is suffering under a poison to be bled, because he has a pulse at 140, rather hard and full, head-ache, anxiety and difficulty of breathing, and flushing of the face? Under almost any other circumstances, I believe no one would for a moment doubt the propriety of a copious bleeding, when such symptoms are present: but, may not the pulse be raised by a morbid irritation,—the anxiety and flushing of the face proceed from terror,—the head-ache from the same cause,—and the difficulty of respiration be owing partly to the same, and to the morbid condition of the principal respiratory muscles? But we seldom have the face flushed; it is generally pale and haggard, with a cold perspiration on the brow; and the tongue has not the white dry surface, nor has the pulse the hard stridulous beat, that marks the inordinate action which requires to be subdued by blood-letting. Proceeding on these views, and on the conclusions I have drawn from the accounts given of the effects of bleeding in the cases that are recorded, I have objected to venesection. I have also objected to local bleeding by leeches; for the swelling and inflammation of the arm is of a character that does not appear to be benefitted by such treatment; and although, from the cases recorded, we may conclude that local bleeding has been sometimes of advantage, still its good effects have not been sufficiently marked to induce me to run the risk of reducing in this way the vital energies of my patient." 377.

Mr. Shaw suggests the propriety of smearing the fingers with lard or pomatum, when examining the thorax or abdomen. He does not think that any one should be accused of effeminacy even were he to wear thin gloves during the examination of the body of a person who had died of peritonitis. "It is difficult to say what is the best thing to be done when the finger is wounded under these circumstances. Washing it well with soap and water, afterwards sucking it, and then bathing it in spirits or turpentine, would probably prevent any bad results."

"But, if this should be ineffectual, the moment the pain commenced, I would immerse my finger in equal parts of laudanum and Goulard's lotion; I would take a smart dose of calomel and antimony, and, two hours afterwards, a large dose of laudanum. If the pain still continued, I would bathe my whole hand and fore-arm with tepid laudanum and Goulard, take another opiate, perhaps with a little ammonia, and even force myself to swallow cordials in the form of warm negus, &c." 379.

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4. *Dissection Wound.** The attention of the profession has been strongly drawn, of late, to this class of accidents. Cases and observations have been published through various periodical works, and the medical societies of this metropolis have discussed the subject, night

* Dr. Anthony Todd Thomson. Repos. April, 1825.

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afternight, with great interest, and with the good effect of eliciting a great number of curious cases and highly valuable remarks. We do not recollect that any medical man has published his own case, before this history which Mr. (now Dr.) Thomson has laid before his brethren. We shall, therefore, proceed at once to the particulars.

Early in the month of November of 1824, Dr. T. was requested to visit a lady who was so far gone in an inflammatory affection, that he hesitated to employ the lancet, "on which alone any prospect of benefit depended." She died on the following day. The inflammation was pleuritic. The lady was not pregnant. On examination, *post mortem*, the chest presented the usual appearance of destructive inflammation—namely, effusion and false membranes. In sewing up the body, Dr. Thomson received a slight scratch from a curved needle, on the first joint of the fore finger of the right hand. The wound was so slight that he paid no attention to it at the time. In the evening, however, or about 12 hours after the injury was received, Dr. T. observed some slight pain and inflammation in the part, which increased towards bed-time—awoke him from sleep—and kept him awake during the rest of the night, accompanied by a state of profuse perspiration. In the morning the finger was found to be considerably inflamed, with a small white spot in the centre of the scratch, from which a globule of pus was squeezed, after puncturing it with the point of a lancet. This gave much relief, and Dr. T. resumed his avocation. But, during his professional visits, he was attacked with rigors, loss of strength, and febrile symptoms. On returning home at two o'clock, he fainted, and afterwards soon became convinced of his alarming situation. He was sufficiently collected to perceive that prostration of strength was the prominent feature of the disease, and therefore wisely determined to rouse, if possible, the flagging energies of the nervous system. He ordered for himself a mixture of camphor, ammonia, and vinum colchici, of which he had taken two doses before his friend, Dr. Granville, called upon him. Dr. G. approved of the medicine, with the exception of the vinum colchici. The patient could not now convey a more accurate idea of his sensations than by comparing them to those which are said to result from the bite of the copra di capella, or other venemous serpent—or to those which he had once heard described by a person who had taken an overdose of prussic acid. His respiration was laborious, accompanied with acute pain under the ensiform cartilage, extending to a short distance along the sternum. The pulse was quick, vacillating, and struggling. Three grains of camphor and four of cayenne pepper were ordered by Dr. Granville, with hot water to the extremities, which were cold, as was the entire surface of the body, the features being shrunk and cadaverous. The finger was poulticed. A repetition of the bolus, with the means abovementioned, produced reaction, and some sleep was obtained during the night. On the following day, the pulse was 130, and small—skin hot and dry—some delirium. The bowels were freely opened by a bolus and brisk purgative of jalap and cream of tartar. The pain of the finger extended—

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poultice. Three grains of James's powder and four of extract of henbane. Slept better this night. By continuing the use of the pills and keeping up a free action of the bowels for the three following days, he was so much relieved as to be able to sit up and take nourishment on the fifth day. The pain of the finger, which had hitherto been but inconsiderable, now became excruciating, and almost insupportable. The seat of pain was not in the site of the wound, but about an inch above it. Mr. Brodie made an incision, and a very minute portion of pus was discharged. By continuing fomentations for some days, suppuration was established, and recovery was completed. The following corollaries, Dr. Thomson thinks, are deducible from the facts connected with the origin and progress of this case:—

"1st, It is evident that diseases of an inflammatory nature, affecting the serous membranes, even when *unconnected with the puerperal state*, generate a virus, which continues active for some time after the death of the individual; and is capable, when introduced into the living system by inoculation, of exciting a dangerous degree of irritative fever.

"2d, It is probable, however, that a certain predisposition of the body of the dissector may be necessary for the production of this effect.

"In my own case, my health was not in the best state at the time of my receiving the scratch, as I had been previously much harassed both in body and mind, by the extent and nature of my professional duties.

"3d, That the effect of the introduction of this virus into wounds, or chops, or abrasions of the cuticle of the hands in dissection, is local inflammation and the production of a similar virus in the part, which, being absorbed into the system, diminishes so greatly the nervous energy, as nearly to destroy the action of the heart; and, thence, to produce congestions in the vascular trunks highly detrimental to the powers of life, and which prove not unfrequently fatal.

"If these corollaries be correct, two questions of great importance present themselves for consideration:—1st, In what manner, independent of care in avoiding wounds, is the influence of this virus to be guarded against in dissection? 2d, When inoculation has taken place, what plan of treatment is likely to prove most beneficial in overcoming the disease which follows?

"In considering the first query, it is obvious, that no description of gloves, nor any coverings for the hands of a similar nature, can be employed by the dissector; but I am of opinion, that the hands, if chopped or abraded, might be protected by rubbing them over with oil. It is a well-known fact, that the oil coolies at Tunis are rendered insusceptible of the contagion of plague owing to their bodies being constantly covered with oil, which can be explained only on the principle of non-contact; and as oil is impermeable by watery fluids, the probability is, that it would secure the chopped or abraded hands of the anatomist, in morbid dissections, on the same principle. But it cannot

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secure him from being wounded either by the scalpel, the needle, or the edges of fractured or of carious bones, or from the consequent inoculation; and, thence, the necessity of the second query.

"The wounds which are received in morbid dissections are seldom deep, and most frequently, do not penetrate through the cutis vera. When this is the case, perhaps the most certain mode of preventing the threatened evil would be, instantly, to cut the portion of wounded skin with a *clean* scalpel, and to encourage a flow of blood by bathing it with warm water. Sometimes, however, scratches are received unconsciously, owing to the attention of the dissector being deeply engaged in the investigation of his subject; and the first notice he receives of the injury is from the local inflammation of the wounded part. It is then too late to have recourse to excision: what mode of treatment, therefore, should be adopted? Were I to reason from my own case only, I might consider it sufficient to refer to the treatment which it details; but the Profession has been instructed, by experience, not to depend upon the result of single cases. If the view, however, which has been given of the nature of the attack be correct—if the first effect of the absorption of the virus be to diminish the nervous energy, and, by thus weakening the moving powers of the blood, to permit congestions in the trunks of the vascular system,—it is evident, that, unless the balance of the circulation be restored, the functions of life cannot be continued. Reaction may take place by the powers of the habit; or the congestion may be removed by bleeding; or it may be overcome by reaction induced by rousing the nervous system by artificial stimuli, as in the case before us. If we trust to the powers of the habit, it is impossible to calculate upon the consequences: the resulting fever may be sufficient to endanger life; or organic mischief may occur, which would ultimately destroy it; and it is unnecessary, therefore, to reason upon the probable effects of the vis medicatrix in cases of this description. It only remains, therefore, to estimate the comparative advantages of bleeding and of stimuli. The opening a vein in the arm will undoubtedly relieve congestions in the vascular trunks within the thorax and abdomen; but, if these congestions have arisen from the nervous energy being diminished, by the introduction into the habit of a virus operating as a powerful sedative, it may be doubtful whether, after they have been thus relieved, the balance of the circulation will be maintained. If the moving power of the vascular system depends on nervous energy, the mere unloading the great vascular trunks, in which the blood has accumulated from the action of the heart being unequal to propel it onwards, owing to a paralysis, as it were, of the nerves, is not likely to restore that power; and, therefore, we must conclude, that the lancet is less efficient than stimuli, which are calculated to rouse and maintain the nervous energy. The result of the practice which has been generally employed in these cases, might be brought forward to determine the question; but the records of it are too scanty to admit of a satisfactory inference being drawn from it. In my own case, in which there was evidently no injury either to a nerve or a vein, the beneficial

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up the arm, even to the axilla. An evaporating lotion, instead of the effects of the stimulating plan, in the first instance, followed by active purgation, was decisive; and my friend Dr. Granville, to whose skill, judgment, and kind attention, I attribute my recovery, has found it so in several cases which have since occurred, and come under his care. It is, at all events, worthy of being tried by the test of experience." 286.

We believe it will be found in this, as in other fevers, that our practice, in each individual case, must be directed by the age and constitution of the patient, and the symptoms which are actually present. In the state of the system, as described by Dr. Thomson, and the actual phenomena present when Dr. Granville visited him, no man in his senses would have thought of venesection. On the other hand, had symptoms of strong reaction obtained, the lancet could not have been dispensed with. But, as we hinted on a former occasion, it should ever be borne in mind that the inflammatory excitement kindled up by a dissection wound, is not to be treated in the same way of forcible depletion as when the disease is simply a phlogosis of an internal organ, as of the lungs or brain, for example. In the fever under consideration, there is evidently a morbid poison introduced into the system, and Nature will, in most instances, be called upon for her utmost powers to throw off the virus. Her resources should therefore be economised, and the system no farther lowered than is absolutely necessary to protect the internal organs from destructive excitement.

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5. *On Acupuncture. By M. Pelletan, Jun.** M. Jul. Cloquet has directed his attention to this curious therapeutical agent of late, in the Hospital Saint Louis, where rheumatisms and other painful diseases are very much congregated. The results of this ingenious physician's experience are now laid before the profession by M. Pelletan, Jun. in the January number of our valued Parisian cotemporary, the Revue Medicale, and Archives Generales for February, 1825.

Into the historical part of the document we do not deem it necessary to enter, especially as the history of acupuncture is already before the English public in Mr. Churchill's little work on the subject. It is only within these ten or fifteen years that acupuncture has been tried in Europe to any extent. Beclard, in Paris, has made numerous experiments, as detailed in the article "Acupuncture," in the new Dictionaire des Sciences Medicales; but it appears, from the observations and experience of Cloquet, that, hitherto, the needle has not been allowed to remain long enough in the parts—as it is upon this last circumstance that the principal chance of success depends. It is curious that a fact many years ago recorded by Berlioz, now comes in to the support of Cloquet's practice, and ought to have led to it before. In the year 1811 he published the case of a woman long harrassed with a nervous remittent fever, and who was relieved by acupuncture at the epigastrium.

* Revue Med. Janvier, 1825. Archives, Fevrier.

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One of the needles, when plunged in, could not be extracted, and remained there. "During the whole of the time that the needle remained in the epigastric region, the patient was completely relieved of the nervous symptoms by which she had previously been tormented." Whether Cloquet took this hint or not, we are uninformed; but M. Pelletan observes, that if the free end of the needle be held between the fingers of another person, when it is engulphed in living parts, a sense of numbness, and even of contraction, will be felt in the fingers and up the arm—in short, from a series of experiments made before numerous and competent witnesses, and with delicate galvanometers, it appears that the needle becomes the conductor of a stream of electricity—and hence, probably, its *modus operandi* as a therapeutic agent. For the details on this head, we must refer to the journal already quoted, while we confine ourselves, in this place, to some of the practical results.

"When acupuncture," says M. Pelletan, "is practised for the relief of pain, it is very rare that any appreciable effect is produced in less than five or six minutes. He has never seen pain entirely removed under 15 or 20 minutes—while, in some instances, it was necessary to keep the needles in for several hours."

When pain is removed by the introduction of a single needle, it generally returns in a day or two, though with less intensity, and is again quickly removed by a repetition of the acupuncture. When a single acupuncture fails to relieve pain, a number of operations almost invariably prove successful, especially when performed for some days in succession. The effects of acupuncture have appeared to our author to be the more apparent in proportion as the operation was performed near the trunks of nerves leading to the seat of pain. It is highly probable, M. Pelletan thinks, that no bad consequence whatever would result from a fine needle traversing the trunk of an artery, a nerve, or a vein—at the same time it is more prudent to avoid such accidents.

Our author has repeatedly seen neuralgic, rheumatismal, and other pains, completely removed by one, two, or three operations of acupuncture. M. Jules Cloquet has performed this operation on more than 300 patients at the Hospital St. Louis, and in not more than twenty cases has it failed to produce more or less beneficial effects. In a very few instances the pain was exasperated; but in no case has any bad consequences followed the introduction of needles, though some of them were of considerable size. M. Pelletan thinks himself authorised to aver, that acupuncture is a remedy without inconvenience, and almost without pain, which nearly always cures neuralgic and rheumatic pains —and relieves, at least for a time, those depending on organic diseases.

We shall now detail a few cases in illustration of the foregoing observations.

Case. 1. N. Chartier, 64 years of age, of strong constitution, had had several attacks of acute pain in the lower extremities, which had given way to vapour baths. For the last three days he had experienced severe pains on the anterior part of the left leg, and during the preced-

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ing night he had no sleep whatever, from their violence. He presented himself to M. Cloquet on the 1st December, 1824, being a labourer in the hospital. A needle was introduced, an inch in depth, into the seat of pain, without his experiencing more than a slight sensation from its introduction. In three minutes, the original pain began to change into a sense of numbness. In twelve minutes, the pain ceased entirely—the needle was withdrawn—and the patient returned to his work.

Case 2. Adolphus Lerbrouse, 22 years of age, strong, and of sanguineous temperament, experienced, on the 8th December, a sensation of extreme cold in the left cheek, while coming out of a warm bath. To this succeeded acute pains in the left side of the head, with redness and slight swelling of the cheek, as also of the eyelids, the motions of the eye being performed with pain. By the 13th, the pains had become intolerable, and the patient, attributing them to a diseased tooth, had one of the molares extracted, which was perfectly sound. 14th. The sufferings were still farther exasperated, and without any intervals of ease. The lower jaw could not be moved. The night was passed in tortures, and without a wink of sleep—next morning he presented himself at M. Cloquet's wards in the hospital. The last-mentioned physician, in presence of M. M. de Lens and Kergaradec, introduced a needle into the middle of the cheek, with its point directed towards the origin of the facial nerve. To the free end of the needle was fixed a metallic conductor, plunged into salt water. In 8 minutes, pressure could be borne without increase of pain—the motions of the jaw and of the eye became in some degree practicable—the redness of the parts diminished. In twenty minutes the needle was withdrawn—all pain had ceased—the patient only felt a slight sense of numbness in the jaw—could take food—and, in two days, the swelling itself was entirely dissipated.

Case 3. Peter Colas, aged 42 years, a labourer, of strong constitution, had been subject to pain in the right knee for 5 years past. During the last three weeks the pain had increased in violence and in extent, spreading successively to the lumbar region and to the external part of the thigh and leg. The patient was forced to give up work, and could only hobble along by means of a stick. Such was his condition when he presented himself at the hospital, on the 28th December. Professor Cloquet, in the presence of several eminent physicians and surgeons, introduced a needle into the lumbar region, and another between the tuber ischii and the great trochanter. In ten minutes, considerable ease was procured—and, in a few minutes more, the pain of the leg entirely disappeared—the motion of flexion and extension became facile. In an hour the patient could walk with ease, the needles still in—and, the lumbar pain having subsided, both needles were withdrawn—the patient felt himself perfectly well—and walked home without any impediment. On the 30th, the pain returned as acute as ever, but only in the leg. A needle was introduced into the part affected—In ten mi-

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nutes the pain was mitigated—and in a quarter of an hour it had entirely ceased. The patient went home, and did not afterwards apply.

Case 4. Stephen Delauny, 38 years of age, of large stature and robust constitution, had strained his loins three months previously in lifting a heavy weight, which strain was succeeded by some pain in the part. This pain afterwards shifted to the leg, where it was very violent, and extended down to the foot, accompanied by a sense of numbness and stinging. These came in paroxysms, and forced him to abandon his employment. He had passed two or three sleepless nights previous to his presenting himself at the hospital on the 10th December, 1824. M. Cloquet introduced a needle, with a conductor, into the left leg. In five minutes the pain was increased, so as to make the patient cry out. In twenty minutes a sense of heat and constriction was felt in the limb, with some diminution of the pain, which was still more severe than before the introduction of the needle. In three quarters of an hour, there was a notable relief. At the expiration of an hour the patient was ordered to walk; but this brought back the pain as violent as ever, especially in the sole of the foot. In this place another needle, with a conductor, was introduced. In an hour and a half from the beginning of the operation, the needles were withdrawn—the patient was able to walk better than before—but still felt darting pains, from time to time.

13th. The patient returned this day, saying that he had been better, but the pain was now chiefly felt at the top of the fibula. A needle was introduced at this part. Little impression was made on the pain by this introduction, though it was kept in for half an hour. On the 17th and 20th fresh introductions of the needle—the last one being so successful that the patient stamped his foot on the ground without feeling pain. On the 23d, the patient having resumed his occupations, and having experienced great fatigue, some heat and pain returned in the leg, but were dissipated by one more introduction of the needle.

The foregoing facts must be considered as authentic, being not only published by honorable men, but witnessed in a public hospital by numerous spectators. It is not impossible that there may be something in acupuncture—for assuredly—

——— "There are more things in Heaven and Earth
"Than are dreamt of in our philosophy."

P. S. Since the above was translated and condensed, we have met with another hospital report on the same subject, from the practice of M. Bally, in La Pitié, by Dr. Meyranse. Of this report it will be necessary to take some notice.

It appears that the needle made use of at La Pitié is constructed of steel, but rendered ductile by heating it in the flame of a candle, and then suffering it to cool slowly. Care is taken to avoid the trunks of vessels or nerves—nor is it ever attempted to introduce the needle into any of the viscera, as has been ridiculously and falsely reported in this

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country.* The experiment, indeed, was tried on animals, but the results were not such as to countenance such a hazardous proceeding in the human subject.

The first trials of acupuncture, at La Pitié, were in cases of chronic rheumatism, where the pains were not of a very severe kind, and where the swelling, when it existed, was rather of the œdematous than of the common inflammatory character. The patients were free from pyrexia, and there was no disturbance of any internal function. In contrary circumstances—that is, where the complaint was not confined to one or two joints, but was, on the other hand, to be seen in several parts of the body, with marks of constitutional excitement, the acupuncture was found to be unavailing. We shall now proceed to notice some cases.

Case 1. A man, aged 45, had a swelling of the right knee, with a sense of numbness, and difficulty of moving the joint. There were no constitutional symptoms. Various means had been tried to dissipate the local complaint, but without effect. Acupuncture was practised three times, with four needles each time, by which the numbness and stiffness were entirely removed—the swelling remaining the same.

Case 2. Conchoir, of irritable constitution, was subject to rheumatism in cold weather. He came into hospital for a gastric affection, and on its decline, became affected with rheumatism in the deltoid muscle of the left arm, and in the wrist of the same side. These pains were ushered in by some constitutional symptoms, as cold chills, reaction, &c. The pains continuing unchanged during three days, M. Bally proposed acupuncture, and three needles were introduced into the parts affected. In one hour afterwards, to their astonishment, the pain had entirely ceased—the motion of the wrist was rendered more free—and the following day the patient was so well as to consider himself cured. In fact, the pain returned no more, and the swelling had entirely disappeared by the sixth day from the acupuncturation.

Case 3. A man, 43 years of age, was troubled with a rheumatic affection of the lateral and posterior part of the neck, the pain being increased by pressure, motion, friction, and even changes in the weather. It was also worse in the night than in the day. It was accompanied by a sense of coldness and numbness of the part. There was no pyrexia. Acupuncture, with four needles, was practised three days in succession, and complete success was the result.

Case 4. A man, aged 55 years, was affected for three months with

* In one case a needle was supposed to have penetrated the lungs, if not the pericardium, but not designedly. There was a considerable degree of motion communicated to the needle corresponding with the cardiac pulsations. The needle was withdrawn, and no ill effects followed. *Ed.*

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severe rheumatism, the pains being acute, lancinating, and often causing the patient to cry out. His limbs were more or less swelled—the skin dry, hot, especially the parts affected—there was thirst, head-ache. The rheumatic pains were exceedingly wandering; but during the last month their principal seat was in the loins, where they rendered stooping or other motion of the spine impossible. Four needles were plunged into the mass of muscles on each side of the spine, to the depth of two inches. Two hours having elapsed, the patient observed that the pain had almost entirely gone. In the night there was no exacerbation of the complaint. Next day no pain was complained of, and the man could bend his spine, with only a slight degree of uneasiness. Four more needles were introduced, and this operation completed the cure.

Case 5. Lenoir, aged 35, caught cold, while working in the King's garden, and was seized with rheumatic pains, of an acute character, the joints being burning hot, and pyrexia being present. It was wished to try the effects of acupuncture under these circumstances. Eight needles were therefore implanted in different inflamed joints, as the wrist, elbow, and knee. Neither the local nor the general symptoms were, in the least, influenced by the operation. The pains and the pyrexia continued the same. The operation was performed again, the next day, but with similar want of effect.

So much for rheumatism. Some cases are next related, where acupuncture was applied for the relief of neuralgic affections, which differ considerably in nature from those just stated.

Case 6. A countryman, 45 years of age, was subject for a long time to neuralgia. During the last fortnight he experienced acute pain in the anterior crural nerve, extending from the upper part of the thigh down to the ancle. Various means had been tried without relief. Four needles were introduced at the upper part of the thigh, near where the anterior crural nerve emerges. During the operation the patient experienced a sense of coldness and numbness of the inner part of the thigh and leg. The pain diminished sensibly under the first acupuncturation. A second operation was performed, and the pain entirely ceased. The patient, however, was kept in hospital eight days more, but no return of the neuralgia occurred.

Case 7. A young man had suffered from severe pain about the sacro-sciatic notch, spreading occasionally to the sacrum, and to the other parts of the hip. Latterly it had propagated itself downwards, in the direction of the fibula, towards the foot. Various remedies had been tried in vain, or only with momentary relief. Acupuncturation was performed in the region of the glutei muscles, and afforded, the first time, considerable solace. The needles were left in the flesh for an hour and a half. Three days afterwards the operation was repeated, and the patient was completely cured of a neuralgia under which he had long suffered.

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Case 8. A man, named Paché, had laboured for the space of two years, under a neuralgic affection of the chest, the precise limits or site of which it is very difficult to define or describe. When touched ever so lightly on any part of the thorax, he experienced acute pain, and nervous excitement. The pulse was always extremely hard, so as to resemble the vibration of a wire. Yet the appetite was good. Every means were tried to relieve this unpleasant state, but all without effect, when M. Bally determined to try acupuncturation. This operation was three times performed, but without either aggravation or diminution of the complaint.

Case 9. A young man, 24 years of age, had suffered, during three months, from a neuralgic affection of the plantar nerves of the right foot. At times the pains were excessively acute, especially in the night. When he entered the hospital the sufferings were peculiarly severe. Three needles were implanted into the part affected, and produced decided relief—so much so, that the patient was quite astonished at the change. The sequel of the case, however, is not detailed.

Case 10. A man, 64 years of age, was affected with neuralgia of the orbito-frontal branch of the fifth pair. The pain would commence at the supra-orbital foramen, and spread like a fan over the forehead, never being entirely absent, but sometimes being more acute than at others. This state had continued 20 days. Leeches, opiate embrocations, &c. produced no good effect. Two needles were inserted in each temple, and allowed to remain half an hour. They gave temporary relief; but in two hours the neuralgia returned as violent as ever. Next day four needles were introduced, and kept in an hour. There was sensible diminution of pain; but it returned in three hours. The third day the operation was repeated, without producing even a momentary mitigation of the man's sufferings. Acupuncture was not therefore repeated.

This operation was tried in several cases of paralysis, especially hemiplegia, but without affording any benefit—as, indeed, might have been expected. More success was obtained from this measure in cases of cephalalgia and hemicrania.

Case 11. A man of bilious temperament, experienced excruciating hemicrania, which he compared to the driving of a sharp instrument into the skull. The pain, without being periodical, yet varied in intensity. The paroxysms generally continued three or four hours. Needles were introduced at the commencement of an attack, and mitigated much the pain. The operation was therefore repeated three days in succession. At the end of this time the hemicrania was cured, and it did not again return. He had been affected with the complaint three months.

Case 12. A man had been long subject to severe labour, and had

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latterly experienced much chagrin. He was attacked frequently with acute pain in the right half of his head. Acupuncture was practised on a day when the complaint was extremely severe. It was remarked that the temporal artery throbbed violently on the affected side. Two needles were introduced into the temple of that side. The hemicrania ceased, and never afterwards returned.

Some cases have lately been treated by acupuncture in this country, and with success. We do not therefore join in the cry of ridicule which some people have raised against the remedy. If we proscribe every remedy, the operation of which we do not comprehend, we shall have but a small list to work with!

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6. *Extirpation of the Uterus.* In the April number of our respected northern cotemporary, two cases of this horrible operation are related from the German. The results are not calculated to encourage future attempts of this kind—at least under similar circumstances. The removal of a *prolapsed* uterus is quite a different thing, and has, we all know, been successfully performed. But the extirpation of an open cancerous womb is, what we prognosticate to be, a very unfeasible operation. Do we see an open cancer of the mamma removed with success?—Very rarely. And surely it must be still more improbable that an ulcerated uterus can, with prospect of recovery, be cut out. Here follow the cases, however, and our surgical brethren must judge for themselves.

Case 1. *By Dr. Siebold of Berlin.* Caroline Louisa ———, 38 years of age, married, and had been twice pregnant—once she miscarried, and once she went her full time—laboured under a discharge of blood from the uterus for the last two years, with frequent pains deep in the left side of the pelvis. For the last six months she was confined to bed, there being a constant discharge of black-coloured blood from the uterus, with constant dull gnawing pain in the pelvis and thighs. She was much emaciated—the face fallen in and tinted yellow—the eyes sunk—the pulse small—palpitations of the heart—swelling and hardness of the inguinal glands—right hypochondriac region hard, swollen, and painful on pressure. On examination, the uterus was found to be of a strong hardness—the vaginal portion in part destroyed, and the remainder torn and wrinkled. Each examination was followed by long-continued hæmorrhage and palpitation of the heart. Such was the patient's condition in the middle of April, 1815. Examinations after this could only be made *per anum*, and they shewed pronatio in conjunction with retroversio uteri, both body and fundus of the organ being in a state of scirrhous induration. She submitted to the operation on the 19th April.

Operation. The patient was placed nearly as for the operation of Lithotomy. A female catheter was introduced into the bladder and held by an assistant, who also pushed up the intestines as much as possible.

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"The operator was seated in front of the patient, and having felt the catheter through the forepart of the vagina, he determined on making the first incision on the right side. For this purpose he introduced two fingers of the left hand into the vagina, immediately behind the arch of the pubes, and directly on the vaginal portion of the uterus, and along these he carried the instrument, with which he made an opening in the vagina, the catheter at this time being held as in the operation for stone, a little to the left side. The incision was now widened, so that the fingers could be got behind the womb, and the vagina separated in this part from the vaginal portion of the uterus. At this stage of the operation a very peculiar sound was heard, something similar to what is heard on cutting through hard cartilage. The operator now took the knife out, and introduced along his fingers a small polypus-scissars, with which he separated on this side the uterus, from the body quite back to the fundus, from its lateral connexions. The intestines could now be distinctly felt, but they did not in the least protrude. The patient was refreshed with some wine and water, and then the operation on the left side was commenced. Two fingers of the right hand were introduced into the vagina, and along these Savigny's knife was carried, with which the separation of the vagina, from the uterus close behind the pubes, was begun, the assistant now holding the catheter to the right side. But on reaching here, the posterior part, where the retroverted fundus of the uterus was situated, there was such a scirrhous mass, that the separation with the knife would not succeed. It occurred to Dr. Siebold then, that Osiander, in his operation, had used an instrument resembling a sharp chissel *(scharf Meissel)*, which he tried, and, contrary to his expectation, separated the uterus from the surrounding parts. The operator then attempted to draw the uterus towards him, but it slipped out of his hand, and ascended so far, that he could scarcely touch it with the point of his finger. Through the rectum, however, it could be distinctly felt, and therefore Dr. Siebold directed an assistant to carry his fingers up the gut and fix the uterus, whilst he pressed the uterus down from outwards, and at the same time endeavoured to lay hold of it with a pair of polypus-scissars; but all his attempts were fruitless. He now saw that the uterus was only to be reached by the introduction of the whole hand, but the vagina was so narrow and contracted, as not to admit of this. The operator, therefore, immediately divided from left to right, with a scalpel, the perineum, so as to be able to introduce his hand, which enabled him to reach the fundus of the uterus; he then separated all the attachments on the left side, and the uterus fell into his hand. The quantity of blood lost was about six ounces. On the removal of the uterus, and as soon as it was ascertained that the intestines did not protrude, a piece of lint wetted with vinegar was inserted into the vagina. After a short interval, and again ascertaining that the intestines were in their natural position, some lint dipped in a solution of alum, together with some moistened with oil, was introduced into the vagina; over these a sponge and compress, and lastly a T bandage. The patient was con-

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veyed to a neighbouring bed, and placed in the horizontal position, with the shoulders somewhat lower than the rest of the body. The operation lasted twenty minutes; and during the whole time, the patient's courage did not forsake her. An anodyne draught was administered, and the strictest rest enjoined." 400.

Several times in the evening the patient was attacked with vomiting. She slept but little—and next morning the pain in the lower part of the abdomen was very acute and constant, with quick pulse, and countenance covered with cold clammy sweats. She dragged out a wretched existence sixty-five hours from the operation, and then expired.

Dissection. The small intestines were found inflamed, with effusion, such as is seen after puerperal fever, throughout the abdomen. The bladder and rectum, though not injured during the operation, were inflamed. The mesenteric glands were indurated and swollen. The right lobe of the liver was full of hydatids. The extirpated uterus was a mass of disease—the body and fundus of strong hardness—the vaginal portion destroyed by cancerous ulceration.

Remarks. We quite agree with our northern cotemporary that, in this operation, "there was no chance of success, nor was it to be expected that the patient would derive any benefit." In short, a more cruel, bloody, and ill-judged operation is not, we think, recorded in the annals of surgery. The state of the right hypochondrium shewed that organic disease existed there independently of the uterine cancer—therefore there could be no chance of success.

Case 2. This case was under much more favourable circumstances, but not more fortunate in the result. The lady had borne several children, and had, for many months, exhibited symptoms of organic disease of the womb. It was on the 9th of January, 1824, that Dr. Holscher was called to her. He found the countenance pale, but not of that yellowish earthy tint so common in carcinoma uteri. Her appetite was good, but she had much thirst. The abdomen was soft and free from pain on pressure, except over the uterus. On examination, he found the uterus encircled with projecting fungi. The external parts of generation were free from disease, and on examination, *per anum*, it was found that the surrounding parts were sound also. The patient was sensible of the nature of her complaint, and willing to undergo any operation that might be proposed.

Dr. Holscher considered that the removal of the scirrhous parts of the uterus alone afforded but a precarious prospect of cure, and therefore determined on a total extirpation.

Operation. Dr. H. conveyed a scalpel along the middle and fore finger of the left hand to the os uteri. The instrument was then carried round the fungi, and the uterus separated from nearly the whole of its connexion with the vagina. Five or six ounces of blood were

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lost in this operation. With the left hand he now seized the carcinomatous mass, but was unable to pull it down. He next tried to pull down the uterus by means of hooks, but in vain. He then determined to remove the carcinomatous mass out of the way. After the extirpation of this mass, a slight hæmorrhage took place, which was easily stopped. The uterus was now more easily got at, and the operator introduced a sharp-pointed knife as far back as the fundus. "An opening being made, the circular knife was introduced, and the uterus separated from all its lateral connexions, after which it was easily removed." The operation lasted 35 minutes, and only nine or ten ounces of blood were lost. The intestines did not protrude. The patient was much enfeebled (and no wonder, Heaven knows!) by the operation. She passed a restless night, and next morning was attacked with vomiting. The abdomen became distended—pulse feeble—and in 24 hours death relieved her from her sufferings. On examining the body, it is said that the *opening* in the peritoneum had closed to the size of a hen's egg—and nothing wrong was seen in any part of the pelvis.

Our cotemporary of the north is "almost inclined to think, with Dr. Holscher, that had the operation been performed a month earlier, it would have been attended with a different result." We do not think so. We consider the extirpation of a uterus not previously protruded or inverted, one of the most cruel and unfeasible operations that ever was projected or executed by the head or hand of man. We have recorded these cases, rather as beacons to guard against attempting things which may reasonably be considered as beyond the boundary of man's power, than as incentives to operations that are calculated to substantiate the charge of cruelty, too often, and perhaps not always without reason, brought against the surgical practitioner.—We are very far from discouraging bold or untried operations; but there is a line, beyond which it may not be prudent to go, even should a solitary instance or two of success rise up as precedents to bear out the operator. The human mind, in the great mass, is weak and easily prejudiced. Operations of a terrible kind, and of a revolting nature, such as that of *chisseling* out a diseased uterus agglutinated to the neighbouring parts, are not ill calculated to excite in the public mind, and in private individuals, an aversion and terror towards operations of infinitely less danger, and where success might be extremely probable. In this way, let it be recollected, our temerity may cause the death of many, by the hopeless attempt to save a few.

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7. *Partial Amputation of the Hand; with Reflections on Intermitting Hæmorrhages after Operations.* By M. Benaben.

Case. Trinqué (B.) a farmer, aged 22 years, of very sanguineous temperament, had his left hand severely lacerated by the bursting of a musket, on the 21st December. A surgeon was called in, who merely removed some pieces of metal, cleaned, and dressed the hand. Hæmorr-

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hage took place in the night, and M. Benaben was summoned. He suppressed the bleeding by pressure on the radial artery. Next day he examined the hand, and he found the metacarpal bones supporting the thumb and forefinger totally shattered, and that of the middle finger greatly injured in its upper extremity where it joins the carpal bones. He therefore determined to save some of the fingers if possible. Amputation was performed by passing a bistoury between the radius and os naviculare, cutting the tendons, ligaments, and radial artery—passing the knife between the os naviculare and os lunare, and along the edge of os magnum, so as to disarticulate the three first metacarpal bones. The two first were entirely removed, with the corresponding fragments of fingers—the superior half of the third was also removed, leaving a portion to sustain the middle finger, which it was hoped might be preserved. An irregular wound was the consequence of these sections. The end of the radius was covered as well as possible, and the parts dressed. The patient, who was till now pale, recruited, and even became heated. Some blood was taken from the arm, and repeated on the 23d, the day after the operation. On the 25th, the dressings were removed, and the wound looked satisfactory. There was considerable febrile excitement. The bleeding was repeated, and aperients given. 26th. Again bled, there being much fever, with tumefaction of the parts. 27th. Venesection. 28th. The inflammatory symptoms are yielding. Another small bleeding. In the evening there was a determination of blood to the head. 29th. Epistaxis. The wound looks well, the suppuration healthy. 30th. The parts are united over the extremity of the radius. January 1. In the evening there was some fever, followed by an exhalation of blood from the unhealed surface of the wound. 2d. There was some pain in the parts—in the evening considerable febrile heat, with thirst, and quick pulse. At the same hour as on the preceding evening there was a more abundant discharge of blood from the wound. The 3d. of January passed without event; but in the night another hæmorrhage took place. The ligature of the radial artery came away on the 4th. From this time all went on well, and the patient was discharged on the 28th February. The little and ring fingers recovered their powers, and the middle finger had not entirely lost its function. The patient was therefore able to work at his usual avocations.

M. Benaben's reflexions on the periodicity of the hæmorrhage, contained nothing worthy of extraction in this place. It is evident there was a periodical febrile movement in the system, relieved naturally by the hæmorrhage, as the former inflammatory systems were kept under by the repeated bleedings. The family surgeon had determined on amputating the arm above the wrist, before M. Benaben's arrival. The plan of the latter surgeon was evidently the best, as the event proved. Two or three fingers are better than none.—*Revue Med. Mars.* 1825.

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8. *New method of treating Compound Fractures.** Every one, says Baron Larrey, knows the advantages which result from *infrequency* of dressing wounds, especially where the first dressings are judiciously applied. Many a time has he seen wounded soldiers carried some hundreds of miles, after battle, without having their wounds dressed—and when arrived at their destination presenting the said wounds nearly cicatrized, or in the fairest way for being so. These facts led our author to employ somewhat similar procedure, not only in simple, but also in compound fractures. This plan consists in leaving on the first dressings throughout the whole course of the cure. The bad effects, he observes, of daily dressing the wounds in compound fractures, are exceedingly great. These dressings disturb the limb, and increase the inflammation of bones, ligaments, and muscles, often causing high traumatic fever or abscesses, in some of the internal viscera, as the liver and lungs. The Baron's indications then are; *first* to scarify, or more properly speaking to *disembarrass* all such wounds, if contused, of foreign bodies, broken bones, &c. incising those parts that are put too much on the stretch—cleansing out all extravasated blood—securing arteries—washing the wounds, and leaving the parts as clean as possible. The limb should then be laid on a part of the apparatus properly prepared, and the fractured bones nicely adjusted. The edges of the wounds are next to be brought as much together as possible, by compresses with holes in them (au moyen de linges fenetrés,) and spread with ointment, over which lint is to be laid, and then more compresses soaked in any styptic glutinous liquor. These dressings should be so adjusted as to fit with great exactness to every part of the limb's periphery. They supply the place of splints. When the compresses are all on, then the dressings should be finished by an eighteen-tail bandage. These dressings should be allowed to remain on during the whole period of the cure. The Baron asserts that, with proper constitutional treatment, the inflammation will be very trifling, and hardly ever such as to require the slackening of the bandages. If this be the case—if no swelling, tension, and inflammation result from this mode of managing fractures, we have no doubt of its utility. But we can hardly persuade ourselves that so little swelling can follow any mode of dressing, so closely adjusted to the limb as the above, as not to require a change when the inflammation comes on. This, however, is a point which is easily ascertained in practice. Two cases in illustration are related by the Baron; but they need not be detailed here.

* M. Le Baron Larrey. Journal Complement. January 1825.

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IV.

THERAPEIA.

Pharmaca nulla valent, nisi quæ sint commoda causis.

1. *Acute Dysentery.** The effects of rapid atmospherical vicissitudes in producing diseases, especially of the class profluvia, and the power of crowding and want of ventilation in rendering these diseases afterwards contagious, have lately been exemplified in a very striking manner in some of our ships of war. We adverted in a former number to the fever in his Majesty's ship Bann, as exemplifying the latter part of the above position; we have lately seen an authentic document from the Fly sloop of war, shewing that acute dysentery—we mean dysentery attended with fever, may, under peculiar circumstances, assume a contagious character, though originally produced by atmospheric vicissitudes.

The Fly had been employed during the severe winter of 1822 on the Scotch station, whence she was ordered to South America, in February 1823. She arrived at Rio, on the 12th April, where the temperature averaged 79°. At Bahia, where she touched, it was at 81. On the 12th June she was off Cape Horn, where the average temperature was 39°, with sleet and snow. On the 11th July, she arrived at Valparaiso—average temperature 59°. Arrived at Callao on the 24th July, temperature 64°. Thus, in a very few months the ship's crew had been subjected to two summers and two winters, with all their intermediate variations. The consequences were such as might be expected—64 cases of dysentery—11 of diarrhœa—and seven of synochus. The dysentery was very severe, and latterly accompanied by typhoid fever, evincing strong proofs of a contagious character. It commenced on the 9th of July. Two cases proved fatal. It spread with great rapidity through the ships' company (120 men,) even after the sick were landed on an island in the harbour of Callao.

"The first symptoms, says the surgeon, noticed by the patient, were uneasiness and irregularity of his bowels,—slight chills,—frequent call to stool, with griping. On making known his ailment which was generally on the morning of the second day after the attack, complained of having passed a restless night, was seized about four A. M. with severe griping across the stomach,—which is getting worse, cannot stand erect for the violence of the pain,—has constant call to stool, voiding nothing but blood and the frothy mucus,—great bearing down pain and tender-

* 1. Private information.—2. Mr. Jones's narrative of a voyage to Calcutta, &c.

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ness of the abdomen,—urgent thirst,—head-ache,—countenance flushed,—tongue white and tinged yellow towards the back part,—bitter taste,—hot, dry skin, and a full, rather quick pulse. In the worst cases, besides having some of the above symptoms in an aggravated form, there were, great depression of spirits,—prostration of strength,—pain of loins,—pulse exceeding 180, small and sometimes irregular,—surface clammy and a black crust speedily forming on the tongue.

"The treatment commenced by bleeding to the extent of 18, 20, and 30 ounces (repeated in smaller quantities when the pulse indicated that necessity) until the tenderness of the abdomen and head-ache were relieved, or, the patient could raise himself to the erect position without pain; soon after this, a mixture was taken, containing 6 drachms of the sulphate of magnesia and a grain and a half of antimon. tartar.; this, with a few exceptions, excited vomiting, produced several fœculent evacuations, and determined to the surface. In the afternoon 10 grains of the submur. hydrarg., 4 grains of pulv. antimon. and 1 grain of opium, were taken and repeated regularly every sixth hour till salivation took place, which was generally in 50 hours, with a cessation of fever, and all symptoms mitigated; debility and looseness of the bowels remaining. In the worst cases I gave the submuriate in scruple doses with good effect. After ptyalism was established, the biliary secretion, in many instances, continued irregular and vitiated, causing a return of the tormina and tenesmus; here the mercurial excitement was kept up for some time; for this purpose, the quantity of the submuriate was reduced and combined with the pulv. ipecac. c. opii. The convalescent stage was followed up by the exhibition of the bitter infusion—confectio aromat. with the creta prept.—rhubarb and magnesia in small doses in peppermint water. Latterly I used the tincture of kino and catechu with the tinct. opii, in cases where the secretion of the mucous coat continued acrid and the bowels debilitated, with success.

"In three cases the disease was preceded by costiveness. One in particular (Murray the sub-bay-man,) had the usual symptoms of dysentery, was freely bled and blistered, had taken 120 grains of the submuriate, with occasional doses of the ol. ricini. and sulph. magnes., without producing any evacuations. On the 4th day the abdomen had become tense, he had excruciating paroxysms of pain, and irregular pulse;—he was again bled to 14 ounces; fomentations applied,—enemas were given:—A solution was also taken every half hour of the sulph. magnes. and dilut. sulph. acid,—at the end of six hours the bowels were opened and considerable quantities of black hardened fæces discharged, with hæmorrhage; the pulse became firmer,—severe ptyalism came on, followed by rapid convalescence."

The surgeon observes that, when the system began to feel the influence of the mercury and the disease to yield, the first discharges were generally black, followed by quantities of mucus and blood. These would change to a mottled brownish colour, with fetor and acrimony—then to a bright vegetable green; and ultimately to a natural hue and consistence.

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In the two who died, there was inflammation and ulceration of the intestines—especially in the colon and rectum.

The plan above-mentioned is that now almost universally pursued by practitioners between the tropics, and its success forms a striking contrast with that of the old routine of constant purgation. The fever attending this dysentery appears to have been of a typhoid and contagious character—nor need we wonder at this, when we consider the causes which originally produced it, and the circumstances of crowding, &c. by which it was attended.

Before quitting this subject we have to mention, with approbation, a small brochure by Mr. Jones, of Leamington, entitled, "A Concise Narrative, &c. of a Voyage to Calcutta, in the year 1822." The chief diseases which Mr. Jones encountered were purulent ophthalmia, cholera, and dysentery. His treatment of these diseases appears to have been judicious and successful. We can only make room here for one extract relative to the methodus medendi of dysentery, as particularly bearing on the method employed in his Majesty's ship Fly, in an opposite hemisphere of the globe.

"REMARKS.—This was a well marked case of dysentery, and the mere palliative treatment at first adopted, proves how little it availed in arresting the progress of the disease. In short, nothing appeared to have any powerful influence till ptyalism was produced. The scruple dose of calomel was highly useful in removing the tenesmus, and allaying the irritability of the stomach, which I have seen it do in several instances; and willingly I add my humble testimony to the supreme rank which calomel, given in those doses, now holds, of restraining that inordinate action of the stomach, which so distressingly prevails in the majority of tropical diseases, even when all other means have failed. In dysentery, therefore, where it removes the most urgent symptoms of the complaint by its primary operation, and where it subsequently assists in producing that effect on the constitution which is so necessary for the cure; it becomes a remedy of the most vital importance, and cannot be too strongly recommended." pp. 40, 41.

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2. *Intermittent Affection of the Chest.* Dr. Goupil has published a curious case of this kind, which is deserving of record.

Mons. Th——, 28 years of age, thin, and of delicate constitution, had had frequent attacks of chest affection, which led to the apprehension of phthisis. Having been exposed to cold after severe exercise and much perspiration, he felt himself indisposed for some days, and, on the 28th May, 1824, in the morning, was seized with cough, dyspnœa, and acute pain under the sternum. To these symptoms succeeded an abundant and very fetid perspiration that lasted seven hours, and obliged him to change his linen several times. The perspiration ended, he felt relieved of all the symptoms abovementioned. At seven o'clock in the evening of the same day, he was affected with shivering, suc-

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ceeded by heat, that lasted till eleven at night—during which period the pectoral affection returned, but not in so severe a degree as before. After this paroxysm he slept tranquilly. Next day he was in perfect health, and congratulated himself on the salutary effects of the perspiration of the preceding day. On the 31st May and on the 2nd June, he had repetitions of the paroxysms, accompanied by incessant cough, dyspnœa, and substernal pain as before. On the 4th June, the paroxysm again returned, and was this day accompanied by a moderate hæmoptysis. The same phenomena occurred on the 6th June, and each of these last two accessions was succeeded by malaise, much debility, and depression of spirits. The cough now continued almost incessantly. The sulphate of quinine was administered in doses of six grains every eight hours, for twenty four hours. The paroxysm of the 8th failed to come on, to the great joy and surprise of the patient. From that period all the symptoms vanished, with the exception of the cough, which continued till the 15th June, when it also ceased, and the patient afterwards continued free from complaint.—*Bibliothèque Medicale, Juillet*, 1824.

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3. *Oil of Euphorbia Lathyrus, a Substitute for Croton Oil.—Case of poisoning by Euphorbia Peplus.* We noticed, in our number for January last, page 249, Dr. Hufeland's substitute for castor oil, prepared by mixing one drop of croton oil with an ounce of oil of poppy. We have now to notice what is still more important, at least in an economical point of view,—a substitute for croton oil, prepared from an indigenous plant.

Dr. Calderini states, that the great price and difficulty of procuring genuine croton oil, together with the burning sensation it often occasions in the throat, induced him to try the purgative properties of euphorbia lathyrus as a substitute. He procured the oil by expressing the dried seeds, deprived of their husks—fourteen ounces of which gave six of oil. The qualities of the oil thus obtained, after being filtered, are nearly similar to those of castor oil—the colour is the same—it is rather thinner, inodorous, limpid, not acrid, and not disagreeable to the taste. By long keeping and by exposure to heat, it becomes turbid, acquires a dirty colour and acrid taste, and afterwards turns rancid. It burns with a clear flame, without smoke—is insoluble in alcohol—and forms soap with alkalis.

After trying its effects upon his own person, Dr. Calderini administered it to fourteen patients, in the Civil Hospital of Milan; and from these and other experiments he has drawn the following deductions. "The purgative action of spurge oil is certain, strong, and prompt—the dose is small—it is very mild, since it does not occasion vomiting, derangement of the bowels, pain, nor tenesmus; and even in dysentery, arising from intestinal irritation, it operates as pleasantly as pulp of tamarinds."

The purgative power is little inferior to that of croton, and Dr. Calderini prefers it, because its exhibition is not attended by the disagree-

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able symptoms which the acrid and irritating qualities of the croton oil occasion. The dose to adults is from four to eight drops: to children of two or three years of age, he has given three drops in "pastiles de chocolat." In irritable habits, he has prescribed eight drops in form of emulsion.

It is essentially necessary that the oil be fresh—when rancid, it becomes drastic, and causes griping.

M. Grimaud mentioned, at the meeting of the Royal Academy of Medicine of Paris, held February 21st, that he had repeated the experiments of M. Calderini, and that he considered the spurge oil preferable to the croton.

All writers, from Theophrastus downwards, agree in attributing purgative effects to the different species composing the Linnæan genus Euphorbia: and many plants belonging to the natural family of the euphorbiaceæ, including the croton among others, are known to possess similar qualities.

From Matthiolus, who considers the species under consideration to be the λαθυρις of Dioscorides, cap. CLXI. we learn that, in his time, it was commonly known in the shops by the name of cataputia—a term apparently derived from an Italian appellation, *cacapuzza*, indicating its purgative qualities, (*cacare*, to evacuate—*puzza*, stench) rather than from the Greek, καταπυθω, to have an ill savour. He informs us that the dose ordered by Actuarius was fifteen large, or twenty small seeds: those who wished to be copiously purged, were directed to *chew* the seeds; and those who did not were to swallow them whole. Dioscorides directs only six or seven seeds; his words are "grana (*seeds*, not *grains in weight*) sex aut septem in catapotio, aut cum ficis, aut palmulis, devorata alvum purgant: sed aquâ frigidâ posteà sorbenda: trahunt autem bilem pituitam et aquas." Old Gerarde quaintly says ". the juice of tithymale (spurge) is a strong medicine to open the belly; and, causing vomit, it bringeth up tough flegme and cholericke humours. Like vertue is in the seed and root, which is good for such as fall into the dropsie, being ministred with discretion and good advice of some excellent physition, and prepared, with his correctories, by some honest apothecarie."*

It seems difficult to reconcile the alarming accounts of the violent operation of this and other species of euphorbia, detailed by the old writers, with M. Calderini's statement of the mild action of his oil. Galen and Apuleus speak of emetic qualities, and Matthiolus gives the following passage from Mesue. "Tithymali (euphorbiæ) omnes dejectoriæ facultatis, cordi, jecinori et ventriculo maximè officiunt. Vasa disrumpunt, intestina abradunt, universum excalefaciunt corpus, adeo ut inde facile febres concitentur."† With such authority, well might Ge-

* Gerarde's Herball, by Johnson. London, 1636, folio, pp. 506. Gerarde "was a master in chirurgerie." He lived in Holborn, where he had a large physic-garden, of which he published a catalogue in 1596. He first introduced the euphorbia lathyrus into our gardens.

† Matthioli Commentarii in Dioscoridem, Lugduni, 1562. Folio, pp. 655.

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rarde exclaim, "these herbes, by mine advice, would not be received into the body, considering that there be many other good and wholesome potions to be made from other herbes that may be taken without perill."

On the one hand, we see no reason to doubt the accuracy of M. Calderini's statements—indeed, the repetition of his experiments by M. Grimaud is sufficient to prove their correctness. On the other hand, we have known the common petty spurge (euphorbia peplus) prove fatal when taken inwardly, thus confirming the statements of the old writers. It is very probable, however, that the expressed oil of the seeds is much milder than any other part of the plant—and, if so, the apparent discrepancy between the two accounts may be readily explained.

The euphorbia lathyrus, or caper spurge, is a native of the South of Europe, and was first introduced into our gardens, where it is not uncommon, more than two centuries ago. It is naturalized somewhere in Bedfordshire, and in most old herb-gardens. It is figured in Smith and Sowerby's English Botany, tab. 2255—Gerarde's Herball, page 503, fig. 18—and Hill's British Herbal, plate 22. Flowers in May and June. Other species will probably be found to be equally efficacious: of these, the E. Helioscopia (sun-spurge) and E. Peplus, (petty spurge) are common with us in all cultivated places, and certainly deserve trial.

We are enabled to add the case of poisoning, above alluded to, by favour of a correspondent.

A boy, 6 years of age, whilst playing in the fields at the game of "horses" one afternoon, ate, in order to support his assumed character, some herbs, among which the euphorbia peplus was afterwards ascertained to be the only one of noxious qualities. In the evening he became sick, and vomited many times during five or six hours of the night—he was also purged, and had great thirst. The parents, not aware of the cause of his complaint, administered some simple remedies, and did not seek medical advice until the following morning. When I visited him, at half past 8, A.M. there were spasmodic twitchings of all the limbs—pupils dilated—a dark areola around the eyes—small pulse—rather damp skin—hiccup—incapability of swallowing—insensibility. In a few minutes the convulsions ceased—the breathing became hurried, attended with sighing, yawning, and, sometimes, a deep breath—the pupils contracted—the pulse became scarcely perceptible—the hands blue and cold—saliva flowed from the mouth, and some yellowish watery fluid passed involuntarily from the bowels. He died at eleven o'clock, A.M. The body was examined twenty-one hours after death.

External Appearances. The joints of the lower extremities rigid—those of the upper ones flexible: fingers bent inwards—their extremities and nails of a dark colour: lips purplish—a slight purplish appearance on the forepart of the abdomen and neck: all the dependent parts of the body of a deep purple colour.

Digestive Canal and Abdomen. A small quantity of light green transparent fluid flowed from the mouth on moving the body. Tongue covered with a thick coat of whitish fur, and the papillæ of its root much elevated and highly vascular. Tonsils, fauces, and whole of the pharynx, highly inflamed. *Stomach* distended with air only; the pyloric half smeared with a green substance—apparently digested vegetable matter; the mucous mem-

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brane, throughout its whole extent, of a red colour, more or less deep, and appearing raised in numerous small white opaque dots or points. *Small intestines* containing a large quantity of thin yellowish brown fluid, four lumbrici, and a cherry-stone—the mucous coat of a red colour generally—deeply reddened in the lower half, and appearing as if colouring matter had been applied by a small brush. *Large Intestines.* No diseased appearance in the rectum, nor in the cæcum or colon, except here and there a slight vascularity of the mucous coat. No effusion into the peritoneal cavity: mesenteric glands enlarged and minutely injected: peritoneal surface of the small intestines of a red colour, arising from the minute injection of vessels. Omentum more vascular than natural. Stomach injected externally like the small intestines, except that the blood in the vessels did not form continued, but interrupted lines. *Liver* healthy, purple posteriorly, from the *stasis* of blood: gall-bladder of a yellowish green colour externally, and distended with brown bile; all the surrounding parts tinged of a deep yellow colour. Kidneys healthy. Urinary bladder contracted to the size of a man's thumb.

Organs of Respiration and Circulation. Rima glottidis much swollen, and, as well as the epiglottis and larynx, highly vascular, and covered with flakes of opaque white coagulable lymph: the larynx and trachea also contained some tenacious green mucus, of which patches were found as low down as the bifurcation of the bronchia. No disease of the lungs or effusion into the thorax. Scarcely a drachm of fluid in the pericardium. A small flake of recent coagulable lymph near the apex of the heart. Right auricle and ventricle filled with polipiform masses and half-congealed blood—left auricle distended with black blood: left ventricle empty. The blood in the veins almost fluid or only partially congealed.

Head. Veins of the dura mater and brain distended with blood—about a drachm of fluid in the lateral ventricles. No diseased appearance in the cerebrum or cerebellum. S. C. L.

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4. *Extraction of Poison from the Stomach.* Dr. Alison relates the following case in the April number of the Edinburgh Journal. On the 5th February, 1825, Dr. A. was called to a gentleman's servant, who confessed he had swallowed an ounce and a half of laudanum, fifteen or twenty minutes before. He appeared as if intoxicated, but not with stupor. Pulse full, strong, and frequent—skin warm—face flushed. Some delay was occasioned in procuring an emetic; but, in a short time Dr. John Campbell arrived with a drachm and a half of sulphate of zinc, which was immediately given in solution. This produced no effect. One drachm more was given, and some tartar emetic, but without benefit. The man was rapidly becoming comatose—his breathing stertorous and irregular. He was roused by dashing cold water on his face, and applying ammonia to the nostrils, &c. Vomiting was not produced till nearly an hour after the laudanum had been swallowed. The ejected fluid smelled strongly of laudanum, but was small in quantity. Profound coma came on. Mr. Bryce's instrument now arrived. Warm water was thrown into the stomach, and drawn out again. It smelled of laudanum. After this process the breathing became more regular. He was stript naked, and cold water was dashed over him. By this he was powerfully excited. He sprang from his seat and fell forwards. He then opened his eyes, and looked

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wildly about. He fell into an easy sleep, and in the course of the night became again insensible, and seemed at the point of death. He was recovered, though with difficulty. This case shews, first, the facility of washing out the stomach by means of Mr. Bryce's improved instrument. Secondly, the danger of allowing persons under the influence of narcotic poisons to sleep for more than a few minutes at a time, even after the stomach has been evacuated. Third, the great utility of cold affusion in rousing the sensibility, and exciting to action the respiratory muscles.

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5. *Iodine in Venereal Affections.** Our continental brethren are extending the employment of this new remedy to many other diseases than bronchocele. Scrofulous swellings have been successfully treated in many cases, and it is now employed in syphilitic maladies. M. Richon has published some observations on the efficacy of iodine in blennorrhagy and venereal buboes. In order to guard against the accidents which this remedy occasions in certain irritable constitutions, M. Richon begins with fifteen drops the first day, given in the morning. It is the tincture which he uses. On the second morning he gives 20 or 25 drops—on the third, 30 drops. After this he gives an evening dose, in addition, of fifteen drops, gradually augmenting this last, till 30 drops are taken morning and evening. This quantity is continued three or four days. If no notable effect becomes manifest, and especially if no gastric derangement is complained of, the dose is carried to 40, or even to 50 drops, night and morning. When the dose has arrived to this height, it is common to see the tongue become red and dry, whilst the patient complains of thirst, head-ache, and pains in the bowels, with loose mucous stools. The medium and best dose, according to M. Richon, is 30 drops twice a-day. This is the plan adopted in gonorrhœas, having first premised antiphlogistic regimen—baths—leeches along the urethra, and diluent drinks. The medium duration of the gonorrhœa, under this mode of treatment, is 23 days. In a few cases the author could not go on with the iodine, from some peculiarity, as yet unknown, of constitution.

In the treatment of buboes, M. Richon, after subduing the inflammation, causes friction to be made two or three times a-day, with one or two drachms of the tincture, according to the susceptibility of individuals, and the size of the tumours. After a while the skin of the bubo turns yellow—the epidermis peels off, and the patient feels shooting pains in the part. In general, the swelling begins to diminish in four or five days, and is completely dispersed in eight or ten. In buboes of large size and old standing, a longer period will be necessary for the cure. In these last cases, M. Richon prescribes the tincture internally, at the same time that it is externally applied. In some cases of buboes, as of gonorrhœa, M. Richon has failed with the iodine, and

* Eusebius de Salle. Journal Complementaire, Septembre, 1824.

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then mercury has succeeded. But we must now come to Dr. De Salle's own observations.

Case 1. The Chevalier ——— aged 38 years, had been affected with blennorrhagy for 18 months, during the two first of which, he had suffered sharp pains, difficulty of making water, and sometimes strangury. At the commencement of the third month, he became affected with swelled testicle.* This, by quiet and the usual means, got well enough to permit the patient to go about again. But the discharge from the urethra continued without diminution, even during the testicular inflammation. A swelling of the epididymus remained, and at length became painful, as also the testicle itself. This state had continued many months when Dr. De Salle was consulted. He found the epididymus and right testicle double the size of the others—the testicle itself hard and painful. The patient was terrified at the idea of cancer, and De Salle profited by this terror, in imposing on the patient a more rigid regimen than he had been accustomed to follow. He was confined to the house, and De Salle succeeded in stopping the gonorrhœa by injections of sulphate of zinc, aided by antiphlogistics and emollients. This done, 25 leeches were applied to the scrotum, and afterwards emollient poultices to promote the bleeding and prevent the leech-bites from inflaming. In four days the pains had insensibly diminished, and in five or six, they entirely lost the lancinating character. The use of iodine was now commenced. On the 1st of May, frictions with hydriodate of potash ointment were ordered night and morning on the affected testicle. About the 15th of the month, the tumour began to soften. From the 20th to the 25th, pricking pains were felt in the part, and the frictions were suspended for five days, in favour of baths, lavements, and emollient cataplasms. The iodine frictions were afterwards resumed and continued, and the tincture was given internally. The epididymus has been reduced to the normal size, and the patient is completely cured.

Case 2. M. C. a man of letters, 29 years of age, contracted a blennorrhœa in the beginning of April. Inflammation of the left testicle took place on the 23d of the same month, in consequence of sudden suppression of the discharge after drastic purgatives. It was 20 days afterwards, when our author was called in, and found the testicle and epididymus hard and painful—the discharge not having re-appeared. Baths, lavements, 20 leeches—perfect rest—abstinence—diluents. Our author now commenced the tincture of iodine, in doses of twelve drops every morning, which was afterwards increased to double that quantity, and still on to 45 drops a-day. This dose was

* We wonder that Dr. De Salle, whom we know to be an able and classical young physician, should make use of such denominations or phrases as the following, in a *medical* journal. "L'Accident connu sous le nom *populaire* de *chaudepisse* tombée dans les bourses." This is an elegant phrase for inflamed testicle!

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not exceeded. By the 11th June, the testicle had regained its natural dimensions; but there was still a little kernel in the epididymus, which also disappeared in three weeks. The patient is completely restored to health.

Case 3. M. V. a traveller to a mercantile house, 34 years of age, had had several attacks of syphilis and gonorrhœa, of which he was but badly cured by following the directions of popular pamphlets, or taking the recipes of his fellow travellers. On examination, in the month of May, 1824, M. De Salle found a hardness and enlargement of both testicles, together with a chronic gonorrhœa. After some general means, the frictions of *iodine* were commenced. In six days the integuments of the parts rubbed had become red, with pricking pains. A poultice was now ordered after each friction. By this precaution they were enabled to continue the frictions, and with increased quantities of the ointment. In less than a fortnight the gonorrhœa was reduced to a slight gleet—and in the course of a month the swellings of the testicles were also reduced to one half their former size—at least that of the right, while the left testicle, originally the largest, was greatly softened. By the 28th June, the swellings were nearly reduced, and the *patient* becoming *impatient* of longer restraint, went off to his usual avocations. In this case, the patient had a cluster of warty vegetations at the base of the glans penis, which entirely disappeared during the use of the iodine. Although M. De Salle does not venture to draw any positive conclusion from this circumstance, he evidently anticipates its leading to more important events. He is now determined to give iodine a fair trial in syphilis, as a substitute for mercury. Time will tell the success of this trial; but we venture to predict that, like sulphur in itch, "there is nothing like mercury," in syphilis. In conclusion, we may remark that a perusal of the above cases has not clearly proved to us that the iodine frictions were much more efficacious (considering the other antiphlogistic and discutient measures combined with them) than mercurial frictions would have been, under similar circumstances. We all know how generally these engorgements of the testicles, remaining after hernia humoralis, will be dispersed by leeches, poultices, and weak mercurial liniments, combined with rest, abstinence, and gentle evacuations. Who will argue that such means would not have availed in the cases narrated by M. De Salle, and with equal celerity? By these observations we are far from undervaluing the iodine frictions. Indeed we almost daily see proofs of their utility, in the reduction of glandular swellings. But we think iodine is in danger, like many other preceding good remedies, of indiscriminate application, and undeserved loss of character.

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6. *Meningitis.** The subject of this case was a weakly child, six-

* Mr. Davies. London. Med. Repos. April, 1825.

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teen months old, with fair skin, blue eyes, and large head. He had had several attacks of inflammatory action about the head, which had been subdued by leeches and calomel. There was lateral curvature of the spine. On the 26th November, he was attacked with severa pneumonia, which was subdued in a few days by leeches, blisters, and purgatives. On the 30th, symptoms of enteritis appeared, requiring the usual remedies for that disease. On the 2d December, the head became, in turn, affected. The pupils were contracted—intolerantia lucis—rolling of the head—insomnium—screaming—pulse from 150 to 160, and very weak—strength very much reduced by the preceding attacks and their remedies. The bowels were open, but the stools consisted only of green and black slime. Surface pale, and extremities cold—head hot, with knitting of the eyebrows. The head was shaved, and evaporating lotions applied—warm semicupium—three grains of calomel every three hours. 3d. The same state and remedies. 4th. Worse in most respects. Five grains of calomel and a ninth of a grain of opium every three hours. 5th. Considerably easier. Slept some in the night, and the symptoms are more favourable. Perstat.—By the 9th, the child was much improved, and on that day the calomel was reduced to three grains for a dose, but as the head appeared a little enlarged, half a grain of squills was added to each dose. Under this plan he continued to go on well until the 12th, when a relapse took place. All the symptoms returned as bad as ever. Two leeches were applied to the temples, and five grains of calomel, with a grain of opium, were ordered every three hours. The lotion to be continued—and the blister (which we omitted to mention) between the shoulders, was directed to be kept open. The head continued to enlarge till the 20th December, when it began to be reduced again in size. During this interval (from the 13th to the 24th) the plan of treatment abovementioned was continued. The bowels were open about once in the 24 hours; but as the cerebral disease gave way, the calomel began to act a good deal on the bowels, and to produce griping. The stools were, all the time, green, owing probably, Mr. D. thinks, to the mercury. On the 25th some carbonate of soda was added to the powders. By the 30th, there was scarcely any thing but debility remaining. The meningeal symptoms had entirely disappeared; but the bowels, were a good deal disordered still, and the child was reduced to a skeleton. The powders to be given every six hours, instead of every three hours. A cordial anodyne mixture was ordered. These medicines were continued, with more or less regularity, till the 8th January, 1825. The child was now languid, but the head appeared free from disease. By the 16th, the child was so well as to require scarcely any medicine. By the middle of February, he had gained flesh considerably—" in fact he was quite well." His appetite was now ravenous—his spine much straighter than it was at first. " Between the 26th November, 1824, and 19th January, 1825, a space of seven weeks, this child took sixty-four scruples of calomel; yet it produced no inflammation nor any apparent affection of the gums, nor did any

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unpleasant symptoms whatever, that could be attributed to mercury, become manifest under its use."

Soon after the above date, the child was suddenly seized with violent bronchial inflammation which terminated his existence in a few days, in spite of every remedy.

Dissection. The liver was firmer than usual, and very full of blood. All the other abdominal organs healthy. In the thorax the lungs and pleura were found in a sound state, but purulent matter was observed in the air passages, the lining membrane of which was much inflamed.

"*Head*—As soon as the scalp was removed, we noticed an appearance which we had twice seen before—once very particularly. This was an inflammation of the external table of the cranium. In the present case, the inflammation was on each side of the frontal bone, immediately before the coronal suture. The bone was quite red, and so soft as to be easily shaved with the knife. The inflammation, or, at least, the redness, did not extend beyond the diploë. The pericranium was rather loose over the inflamed parts, but this membrane did not partake of the affection. Whether this affection was produced by the mercury, I am not ready to answer. I have seen it in one case where scarcely any mercury had been taken; but in several other cases, where calomel had been pretty freely given, no appearance of the kind was present. The child was apparently quite free from pain in the head before the attack of bronchitis came on, and had been for several weeks. The dura mater adhered very firmly to the bone all round. This membrane had no appearance of disease. There was no difference in its appearance in the parts corresponding with the inflamed portions of the skull from other parts. The arachnoid was considerably thickened, and was separated from the surface of the brain by a small quantity of serum. The vessels of the pia mater were rather full, but not particularly so. The ventricles contained scarcely any fluid. There was not above an ounce and a half of fluid in the brain altogether, and the principal part of this was between the arachnoid and pia mater, extending down along the spinal marrow." 294.

That the disease, in the first instance, was meningeal inflammation, there can be no doubt, as some of its sequelæ were seen after death by another disease. In such a state of things mercury does not appear to be absorbed, at least in any quantity, which accounts for the inertness of large doses. Indeed we much question whether much smaller doses would not sooner produce the constitutional effects of the medicine.

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7. *Partial Paralysis of the Face.** Cases of this kind are now divested of many of their terrors, in consequence of the physiological discoveries of Mr. Charles Bell, with which our readers are all well acquainted. These discoveries have clearly proved that the muscles

* Dr. Ed. Delafield. New York Med. and Phys. Journal, Dec. 1824.

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supplied by the "superadded nerves" may be paralysed by a disease of those nerves, independently of any affection of the brain itself, or of those parts supplied by the class of "symmetrical nerves"—and that treatment directed to the removal of the disease of the affected nerves will remove the paralysis. Mr. Shaw's cases were, most of them, of such long standing, that he had not an opportunity of testing such treatment. The following cases are interesting on this account.

Case 1. N. Van Dine, an American captain, was attacked with rheumatism, in consequence of exposure to cold in the night air, which continued 20 days, in the neck, shoulder, and left hip. At this time he was seized with violent pain in the left ear, and behind the angle of the jaw. The succeeding day he found the left side of the face paralyzed, He was six weeks after this on his voyage home, and was in the same condition when Dr. D. saw him in December, 1822. When tranquil, there was little perceptible, except a slight drawing to one side of the right angle of the mouth. But the moment that he spoke, "the whole face was horribly contorted, and when he smiled or laughed, this took place in a still more extraordinary manner." In either of these actions the left side of the face remained entirely passive, while the muscles of the right side were in full action. The muscles also of the eyelids and forehead were paralyzed—consequently the patient could not close the left eye. It had therefore become inflamed, and the sight impaired. He complained of some difficulty in moving the tongue; and when it was thrust out, it inclined to the right side.—The sensibility of the face remained unaffected. Our author concluded, and with reason, that there was a transference of the rheumatic inflammation to the portio dura of the auditory nerve of the left side. The patient was ordered to be cupped over the origin of the nerve, and then a blister applied. These were repeated and alternated. The captain entirely recovered.

Case 2. Miss Adeline B———, aged 17 years, applied to Dr. D. on the 5th March, 1823. A fortnight previously she began to feel a severe pain behind the angle of the jaw, and below the ear on the left side, which gradually increased for a week. At this time she was exposed to a snow storm, and in a few hours afterwards the left side of the face was completely paralyzed. In short, she exhibited all the symptoms detailed in the preceding case. She was cupped, blistered, and had mercurial purgatives. This treatment was persevered in, and she entirely recovered.

Passing over the third case, which is nearly similar to the second, we shall give the fourth in the words of the author.

Case 4. "On the 10th May last, I was requested to see Mrs. Mary Ann Ray. Three weeks before I saw her, she was attacked with violent pain in the head and neck, accompanied with severe inflammatory

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fever. She was bled, and took a purgative, which relieved the febrile symptoms, but the pain in the head continued, varying in violence, with little abatement, for a fortnight. At this time it became fixed in the right ear, and behind the angle of the jaw; it subsided, however, in a few days; and suddenly all the symptoms of partial paralysis of the right side of the face appeared; and in this case to a greater degree than I had yet seen them. The mouth and tongue were so much affected, that she could articulate very indistinctly, and certain words she could not pronounce at all. The eye was widely open, slightly inflamed, and watering profusely, and by the strongest effort it was not possible to close it. In this situation she had been about a week, gradually growing worse. I ordered six leeches to be placed over the trunk of the portio dura, and a blister to be afterwards applied. She was also directed to take gr. ij. of calomel every other night, and ℥ss. of sulph. magnes. on the following morning. In a few hours after the application of the leeches, she was much better; the eye could be half closed, and the mouth was less drawn aside in speaking or smiling. On the 25th, the leeching and blistering were repeated. The improvement was now rapid; and on the 2d June, fifteen days after I first saw the patient, no vestige of the disease could be discovered." 437.

Another case is detailed, as communicated to our author, but does not differ from those that precede.

We some time ago alluded to the case of a physician who was affected in this manner, in consequence of cold caught in the mail coach, while travelling up from Edinburgh to London, on his way to Italy. This case, which was precisely similar to those already stated, was much more obstinate, and did not give way for many months. The treatment was similar to that detailed by Dr. D. This gentleman was under the care of Dr. Johnson and Mr. Shaw in London, and of Dupuytren and others on the continent. He was obliged to have a seton in his neck for some time, before the paralysis gave way.

It is of some importance to know these things, both as regards prognosis and treatment.

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8. *Puncture—Tetanus—Stimulants.** The patient was an artisan, 51 years of age, who received a puncture from a small nail, in the anterior part of the last phalanx of the thumb, on the 13th of October. On the following day the wound became painful and somewhat tumid. On the third day, there were acute pain and stiffness in the arm, with nausea and vertigo. *Leeches—poultice—purgatives—low living.* This plan was pursued for four days, during which, inflammation along the course of the lymphatics in the arm, with swelling and acute pain up to the axilla, rapidly increased. On the 20th Dr. N. was consulted, there being now rigidity of the jaw, and general stiffness of the affected limb. There was also considerable tremor — slight pres-

* Dr. Nicholls. Med. and Phys. Journ. March, 1825.

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sure on any part of the arm excited acute pain, and a peculiar thrilling torture along the radial and ulnar nerves—pulse tense and wiry—100 in the minute—universal lassitude, thirst, and prostration of strength. Apprehending tetanus, the plan of depletion was changed for that of stimulation. Animal food and ½ths of a bottle of sherry wine were allowed that day. He slept for an hour, after dinner, and awoke refreshed. At night, some brandy—40 drops of laudanum.—rested much better—slight rigidity of the jaw next morning. Bark and steel tonics, with ammonia, nourishing food, and cheerful society dispersed the tetanic symptoms. Suppuration took place in the thumb—the matter was discharged by free incisions.

Dr. Nicholls bears testimony to the propriety of Mr. Hutchinson's treatment of tic douloureux—a treatment which he says he has pursued for twenty years past, with success. He by no means wishes to deprive Mr. Hutchinson of all honour due for being the first to announce the methodus medendi in question.

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9. *Purpura Hæmorrhagica.** This case is brought forward by Dr. Belcher, as an illustration of the well-known views of the late Dr. Parry, in respect to purpura hæmorrhagica. The patient was a child 3½ years of age, who was suddenly taken ill on the 21st November, with lassitude, pains in the loins and joints, nausea. To these symptoms succeeded large and repeated discharges of dark fluid blood from the nose, mouth, and anus—the stools exhibiting no fæcal matter. Next came out dark purple blotches on various parts of the body and limbs; these phenomena continuing unabated till the morning of the 23d, when Dr. B. first saw the patient. He found the tongue with a brown fur, interspersed with purple spots, as was the mucous membrane of the mouth and fauces—the pulse 110, feeble and compressible,—the lips blanched—the surface cold and constricted. In compliance with the desires of the friends, and from observing so many symptoms of debility, wine negus and gentle stimuli were administered. But Dr. B. soon had reason to alter his plan, as all the symptoms became exasperated under it. The pulse had risen to 140, full and hard—the surface became hot and dry—the face flushed, with grinding of the teeth, strabismus, convulsive twitchings of the facial muscles, &c. He now ordered the warm bath, which changed the symptoms considerably. A bolus of calomel and rhubarb was given—a turpentine enema thrown up, and repeated till copious intestinal discharges were produced. 24th. Much better; but the bloody discharges and purple blotches continue. The same medicines to be repeated. The oral and nasal discharges have ceased, and the purple spots are fading. Medicines continued. 26th. Every symptom improving. The bath intermitted—the bolus and injections to be continued. 27th. Stools natural, with very few traces of blood. In two days more the patient was convalescent.

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* Dr. Wm. Belcher. Med. and Phys. Journal, March, 1825.

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V.

Midwifery.

1. *Cæsarean Operations.* In a late number of Graefes and Walther's Journal, the following curious case is related by Mr. Ruth, of Upper Silesia :—

Charlotte W——— ætat. 36. who had borne six children, became pregnant a seventh time, according to her own account, about three years and nine months previously to the date of report. She enlarged in size, and thought she could distinctly feel the motions of the fœtus. She became affected with unusual pains in the bowels, that at last were insupportable. She still continued to menstruate. Five or six weeks before the expected delivery, she strained herself, while washing clothes at a river, and felt something give way, at the same time a tumour suddenly formed a little below and on the right side of the navel. She became faint, and was carried home, where she remained confined for five weeks, experiencing a dull pain in the lower part of the abdomen. Labour pains came on, but gradually wore off, leaving the patient in a weak state. After this she resumed her domestic avocations, and continued to do so for upwards of two years, without any particular inconvenience. The menses were regular but scanty. In this situation she again became pregnant, and remained pretty well up to the 7th month, from which period the abdomen became very large and unwieldy, with great failure of strength. She was delivered, however, of a healthy child. Soon after the birth of this child, the mother became very ill, being thirsty, weak, afflicted with diarrhœa and hectic fever, which were rapidly hurrying her to the grave. The abdomen remained large, notwithstanding the general emaciation. There was a small painful tumour below the umbilicus. A surgeon laid this open, conceiving it to be an abscess. A quantity of matter and *hair* came forth. On introducing his finger he felt something hard. It was conjectured to be a fœtus, and it was at this time Mr. Ruth was called in, and found the patient in the situation described. The os uteri was close—the abdomen at the time had the appearance of a person at the full period of pregnancy, and through the opening above-mentioned, the fœtus could be distinctly felt. Mr. R. proposed an operation, which was assented to, and performed on the 31st December, 1822.

Operation. An incision was made in the linea alba reaching from above the umbilicus to within a short space of the pubis. The peritoneum was carefully opened, and the abdominal cavity exposed. A fœtus presented itself, and was cautiously removed. The umbilical cord was traced over the uterus to the left side, where it was lost in a softened mass, probably the remains of the placenta. A great quantity of purulent matter was soaked up by a sponge from among the intestines. The uterus appeared larger than natural. The breathing

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becoming difficult, the wound was sewed up, and the patient put to bed, when an anodyne cordial draught was exhibited. The child was found to be a *female*, 18 or 19 inches in length, and well formed. Many of the external parts were in a state of suppuration—in other respects there was nothing particular in its appearance. The patient remained in a most precarious state for many days; but she gradually recovered, and, by the middle of March she was as well as ever.

Case 2. Another case is related in the Medico-chirurgical Gazette of Saltzburg, of which we shall record some particulars in this place. Eliz. H——, 28 years of age, pregnant for the first time. Towards the proper period, she was seized with labour pains, and, in addition, severe convulsions, which continued thirteen or fourteen hours. On attempting to deliver, it was found that the pelvis was not more than two inches wide. Any operation was put off till next morning, as it could not be ascertained whether the child were living or not—*a decision which was to make all the difference between embryotomy and the Cæsarean operation!*—Next morning the woman was found much refreshed, and the motions of the child could be distinctly felt, and *therefore* the Cæsarean section was determined on! An incision was made in the course of the linea alba, in the usual manner, and by another incision the uterus was laid open, while in a state of contraction, from a labour pain. The hand of the operator was introduced, and the placenta detached. The membranes ruptured, the child's body was extracted, but the uterus grasped it round the neck, and it was with some difficulty that the head could be extricated. The placenta was then withdrawn, the uterus cleared of coagula, and the wound brought together by sutures and other proper means. The child was alive—"and made continual efforts to breathe for half an hour," but died at the end of that period. The woman recovered.

Remarks. Success is not always a criterion of propriety in surgical operations. We consider the above procedure on the part of the surgeon, as well deserving of condign punishment, whether the woman survived or not. To perform the Cæsarean operation in preference to embryotomy (where the latter is practicable,) is most unwarrantable, and evinces a lamentable, not to say culpable, want of judgment as to the proper estimate of the value of human life.

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2. *Uterine Tumour.** This case, brought forward by Mr. Lightfoot, is an example of the rapidity and fatality with which fungoid tumours spread their destructive ravages over internal organs.

The patient was a married lady, 56 years of age, who had borne children, and who, till within three years of applying to Mr. L. had enjoyed good health. For the three years mentioned, she had been subject to profuse uterine hæmorrhages, recurring at uncertain periods,

* Mr. Lightfoot. Ed. Journal, Jan. 1825.

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and unaccompanied by pain. In the intervals there was considerable mucous discharge from the vagina. This was in March 1815. Some remedies were prescribed, but did no good. In the beginning of April, as pain was complained of in the region of the uterus, and as the system generally was beginning to sympathise with the local affection, an examination was submitted to, and a small but firm tumour was distinctly felt on the posterior side of the *cervix uteri*. Neither it nor the os uteri was very sensible to the touch. Quietude, low living, anodynes, and gentle aperients were prescribed. In the beginning of May, the tumour had greatly increased, and by its pressure on the rectum impeded the discharge of fæces. By the 20th, the tumour nearly filled the hollow of the sacrum; 1st of June, the passage of the fæces was almost entirely prevented. The abdomen became greatly distended and very painful. These symptoms increased so rapidly that death terminated her sufferings on the 9th of the same month.

Dissection. The abdomen, which was enormously distended, and irregularly hard, contained a large quantity of serous fluid. The omentum was of scirrhous hardness, and generally adherent to the parts beneath. The viscera were all glued together by adhesive matter. The uterine organs were covered with numerous hydatids,—some of them of large size. The ovaries seemed mere clusters of hydatids. The uterus was double its natural size, with three small tubercles on its anterior surface, two of them spongy, and the other more solid. To the posterior surface of the uterus, towards its cervix, was attached a tumour of immense size, of smooth surface, and with a dense capsule. It descended behind the vagina, and entirely filled the pelvis. When the capsule was cut through, it was found to contain a very vascular fungus that penetrated the posterior surface of the uterus, and had probably given rise to the profuse hæmorrhages from that organ. The intestines were all adherent, and the colon and rectum ready to sphacelate. There were two large hydatids attached to the liver, and its concave surface was studded with other tubera.

"I do not remember ever to have opened a body in which I found so many and such various parasitical productions, hydatids of all sizes, tubercles small and large, spongy and solid, but each retaining its peculiar and specific character; the capsule of the spongy tubercle, however small, secreting, or at least inclosing, a spongy product; the capsule of the solid tubercle a solid; that of the hydatid, however large, a fluid; but I do not recollect to have observed any thing like a conversion of one species of morbid growth into that of another." 75.

Our author concludes by mentioning his success in preventing those formidable hæmorrhages which occasionally follow the expulsion of the placenta, by previous bleeding and antiphlogistic regimen.

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3. *Rupture of Perinæum.* In No. 8 of the Medical Repository, Mr. Bond has favoured the public with a long paper on this subject

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and a case in illustration. It is only of the latter we shall present the particulars.

Case. "Mrs. ———, aged thirty-two, a delicate woman, of irritable habit, was taken in labour of her first child at half-past two on the morning of the 15th of January. At three o'clock the pains were severe, and the os uteri dilating under their influence. The vagina was so extremely small as to oppose even the introduction of the finger; and I found, upon subsequent inquiry, that even conjugal intercourse had been invariably "quite torture," through the whole nine months of her married life. Notwithstanding this, the head began rapidly to descend as soon as the os uteri had become sufficiently open; the pains became very unusually acute and forcing, and the whole labour was completed before five o'clock. In the interval between two pains the scalp was left protruded between the labia, so as to keep the fourchette upon the stretch; and the next pain extruded the head entirely, tearing down the whole perinæum from the fourchette to the anus. Apprehensive of such an accident from the unusual smallness of the parts, I was assiduous in my endeavours to prevent it; but I need not describe my feelings as I felt the perinæum giving way under my hand during the pain, while all my care was ineffectual to arrest the progress of the laceration. The placenta followed the child immediately. On examining the wound, a separation of its lacerated lips was followed by so profuse a hæmorrhage as to excite great alarm, but it was at once checked by the introduction between them of linen soaked in cold water. I have spoken in a former part of this paper of the position in which the patient was left for the first few hours. At the end of this time, satisfied that only sutures could retain the parts *in situ*, I applied three at proper distances, observing not to draw them more tight than was just necessary to maintain the lips of the wound in apposition, yet endeavouring to secure such hold with each that not only the external edges but the whole of the divided surfaces should be in contact; but in consequence of the looser nature of the integuments close to the anus, the ligature applied in that situation was unavoidably less effectual than either of the other two. On the second day there appeared very severe inflammation and swelling of the parts, producing superficial sloughing of the lower part of the vagina and lips of the vulva. Cold lotions were applied locally, the urine was drawn away twice daily, the bowels were kept open by cooling laxatives, and salines and opiates were administered according to symptoms. The patient was allowed to rest either upon her side or back, moving from one position to the other with great care. I had applied one suture a small distance from the fourchette, with the intention of interposing lint between the lips of the wound in front of it, so that the opening of the vagina might be left somewhat larger than its original size, a second next the anus, and a third between the two. As soon as I considered them of no farther service I removed them. Reunion had taken place along the whole wound, if we except the small portion in front of the ligature nearest

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the fourchette, and another portion next the anus, in which situation there remained an opening large enough to admit the point of the little finger. It communicated with the vagina, and was, therefore, under existing circumstances, rather a source of gratification than of disappointment, for I was aware that it would fill up in no long time by granulation, and it afforded at present a ready exit for the pus secreted from the interior sloughy surface. After this the patient lay chiefly upon her back; the discharges all passed by this opening, which, however, gradually filled up as their quantity lessened. The vagina was injected with warm water twice daily until the sloughy appearance was no longer visible, and afterwards lint was introduced so as to prevent adhesion between its sides. In short, the whole was entirely healed, and my attendance ceased in less than three weeks from the day of her delivery." 120.

VI.

Medical Jurisprudence.

1. *Charge of Poisoning by Arsenic.* Messrs. Orfila, Vauquelin, and Barreul, were summoned by the Court of Assize, Department of the Aub, to ascertain whether certain matters found in the possession of the widow Laurent, contained arsenic. This widow had been accused of poisoning her husband ten days after marriage. The medical men who had examined the husband's body, came to the conclusion that the deceased was poisoned by arsenic; while, on the other hand, numerous experiments made at the laboratory of the Faculty of Medicine of Paris, could detect no arsenic in the matters submitted for analysis. The magistrates, however, were not satisfied, and M. Orfila was brought into court, when the following questions were put to him.

1st. Did the experiments made by those who first examined the body, prove that the matters taken from the stomach of Laurent contained arsenic?

2d. Is it possible to find, in the digestive canal of a person not killed by arsenic, grains, in appearance, of that mineral?

3d. What conclusion can be drawn from the circumstance of a fowl dying after eating of the barley of which the deceased's ptisan was prepared?

4th. What conclusion can be drawn from the death of the leeches applied to the epigastrium of the deceased?

5th. Can it be concluded from the symptoms during the life and appearances on dissection of the deceased, that he died of poison?

1. *Answer to 1st Question.* The physicians charged with examining the body, in the first instance, state that they found in the stomach of Laurent a *pulverulent* substance which, when thrown on burning

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charcoal, *detonated*, *burned with a flame*, and *emitted the odour of garlic*. They hesitated not, therefore, to declare that the substance was white oxyde of arsenic. This conclusion was erroneous, for the oxyde of arsenic does not possess the property of detonating nor burning with a flame, when thrown on burning charcoal. As to the smell of garlic, it is not conclusive, since it might result from other substances than garlic, which might happen to be in the stomach. They should have dissolved the suspected substance in boiling water, and shewed that a *green* precipitation took place on adding sulphate of ammoniacal copper, and a *yellow*, on the addition of hydro-sulfuric acid. This last precipitate ought also to have dissolved rapidly in liquor of ammonia.

2. *Answer to 2d Question.* The stomach of the deceased might have contained a granular substance possessing most of the properties assigned by the physicians to the supposed arsenical grains. Under certain circumstances, it is observed that the mucous membrane of the stomach and bowels is lined with a multitude of shining points, composed of fat and albumen. These, when thrown on burning charcoal, decrepitate while drying, and go off with a noise which might be designated (though not properly,) detonation. These little bodies inflame like fatty matters, and exhale an effluvium of burnt animal substances. That these appearances are liable to lead to errors of a serious nature, the following instance is related to prove:—

On the 2d of August, 1824, the exhumation of an individual, 38 years of age, and who had been buried six weeks, was ordered by the *Procureur du Roi*. The lower extremity of the œsophagus, and the mucous membrane of the stomach and duodenum were found inflamed. A number of the small bodies, described above, were found in the digestive tube, and were considered by the medical man appointed to analyse them, as oxyde of arsenic altered by animal matters. The substances, however, were transmitted to Paris, and analysed by M. Vauquelin, who decided that they consisted of animal matters only, and contained no mixture of arsenic. Another instance, of a similar kind, is also stated by M. Orfila.

3. *Answer to Question three.* It is to be remarked that Laurent died five days after eating an omelette, in which was the suspected poison. In this interval, he had taken several ptisans prepared by his wife. One of the physicians who visited the deceased, struck with the disagreeable savour of the ptisan, gave some of the grains of barley in it to a fowl, which fowl died the day following. A cat, who had devoured the entrails of the fowl, was seized with violent convulsions. These were puzzling facts, and we shall give M. Orfila's answer, verbatim.

"When oxyde of arsenic is boiled with barley in water, the mineral is dissolved, and the liquid is rendered poisonous. The grains of barley, during this process, swell and imbibe the arsenical solution, and, when given to fowls, destroy them. But, on the other hand, if the

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barley water be first prepared, and then the arsenic infused and dissolved in it, the grains of barley (having been swelled previously to the addition of the poison,) will not imbibe any more of that fluid, and consequently will be innocuous to fowls, *provided no grains of undissolved arsenic adhere to the barley.* These facts and considerations justify the following answer, which I gave to the question, namely. The arsenical oxyde which, according to the act of accusation, was not introduced into the barley-water till after the latter was prepared, would remain dissolved in the fluid—and the barley itself would not be poisonous—*provided no particles of undissolved arsenic adhered to the barley.*"*

4. *Answer to Question four.* The circumstance of the leeches dying soon after coming off the epigastrium, is quite undeserving of any serious answer. Every body knows that these animals frequently die immediately after being applied to the bodies of patients, whatever may have been the nature of the maladies under which they laboured.

5. *Answer to Question five.* Laurent certainly evinced symptoms similar to those resulting from the exhibition of white oxyde of arsenic; but then there are numerous affections, in which we observe a similar analogy of symptoms, and where there can be no suspicion of poison. The ensemble of the phenomena, in the case under consideration, render it *probable* that poison had been administered. There are many instances on record where, although arsenic was actually administered, the usual symptoms did not follow—and vice versâ. Hence, where the mineral itself can be detected, the absence of the usual symptoms is no proof against the administration of the poison—while, on the other hand, the presence of the symptoms, without the actual detection of the arsenic, can afford no sufficient proof of poison having been given.

In illustration of the uncertainty attending the post-mortem appearances in cases of poison, M. Orfila stated to the court the following very curious history.

"M———, aged 45 years, swallowed, in a paroxysm of passion, at eight o'clock in the morning, three drachms of white arsenic diffused in a glass of water. He immediately disclosed the transaction to one of his female friends, and rushed out of his house. Some of the arsenic remained in the glass, and was ascertained as such. The gentleman was searched for, in vain, during the space of two hours. At ten o'clock he voluntarily made his appearance. The imminent danger of his situation was represented to him—he acknowledged again that he had swallowed arsenic—and consented to take an emetic of tartarized antimony. The emetic had no operation. Large quantities of milk

* With all due deference to M. Orfila, we think this was giving no satisfactory evidence at all. How could the court tell whether or not the fowl was poisoned by arsenic sticking to the barley?

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and mucilaginous drink were next administered, which had the effect of evacuating the greater proportion of the ingesta which had been taken. In one hour after this (at 12 o'clock, or later,) the patient, who had previously suffered little or no inconvenience, complained of a painful sense of constriction at the epigastrium, accompanied by burning heat and thirst. His features became altered—the pulse was quickened. These symptoms became more and more intense—the parietes of the abdomen were drawn towards the spine—the pulse became small and intermittent—and at five o'clock in the afternoon he expired.

"*Dissection.* No effusion in the abdomen—all the viscera of this region were in a natural state. The mucous membrane of the stomach and bowels presented no trace of redness, inflammation, or any change of structure. Oxyde of arsenic was found in the stomach and duodenum, in considerable quantity."

Such was the evidence given by M. Orfila. The widow of Laurent was acquitted.—GAZETTE DE SANTE.

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2. *Contagion—Plague—Quarantine.** Our sentiments respecting *positive* contagion in plague, and *contingent* contagion in fevers, have been long before the public, and need not now be reiterated. The dream of the Anticontagionists is vanished—their "fool's Paradise" is dissolved into air. The Foreign Secretary's late speech in the House of Commons, will not indeed cure them of their dear *delusion*—but it will leave them with a small train of their deluded disciples. They need hardly quarrel now for the honour of priority in radiating the new light which, after all, is but old darkness rendered visible by medical fanaticism. Mr. Canning has put an extinguisher on the *ignis fatuus* of the Macleananites. Their wild theories—bold assertions—sophistical reasonings—distortions of facts—historical perversions—and last, not least, their proud vapourings, have made very few converts among the only legitimate judges,—their medical brethren. Their commercial masters, for whom they worked so hard, have now been rightly served. The quarantine laws are exasperated abroad, in tenfold proportion to their mitigation at home! For these shackles on commerce our merchants are entirely indebted to the raving red-hot zeal and confident predictions of the Macleanean dogmatists. We need hardly say that the sole drift of the mercantile Anticontagionists was—*self-interest. Their* science consists exclusively in the knowledge of numbers—the balance of profit and loss. The moment the doctrine of Maclean and his disciples produces results on the wrong folio of their ledgers (and this is probably the case already,) the city merchants will be as stanch contagionists as Sir Gilbert himself. It will soon be—"Quarantine for ever!—down with Macleananism!"

From such self-interested declaimers, we turn with sorrow, to a few—a very few, who have joined in the mercantile clamour for other and

* Dr. Macmichael—Dr. Granville—Dr. Larkin—The Westminster Review—Dr. Armstrong's lectures, cum multis aliis.

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more honourable reasons. Entangled in the mazes of visionary enthusiasts we grieve to see an Armstrong! That we should be obliged to differ from him in opinion, we sincerely regret—but that he should so frequently differ from himself, is far more to be regretted. We blame no man for altering his opinions—we honour every man for a candid avowal of such alterations. But the extremes of tenacity and mutability are dangerous. Every man should be open to conviction—but that conviction should not be too hastily admitted or avowed, nor too frequently changed or modified. Dr. Armstrong is doing himself more harm than all his enemies collected could do. He is committing *felo de se* on his own well-earned reputation. If no other friend will have the courage or candour to warn him of his danger, we will do so. We have now planted a beacon on a hidden rock that lies in the very middle of that rapid stream of renown on which his bark is carelessly careering!

Mr. Larkin, too, a young gentleman of promise, has early suffered a bias, and become infected with the erroneous doctrines of the day. His mind, however, is immatured by time or experience, and better things may be expected from him at a future period. Meanwhile, he has wasted the sweets of learning on the desert *air*, for the contagion of plague is just where it was. We may admire the ingenuity, the zeal, the research, and the eloquence of a man endeavouring to sweep away *facts*, and place in their stead the phantoms of an ardent imagination; but, like the rocks of the ocean, these facts rise again unchanged, as soon as the tide of oratory has subsided. Mr. Larkin says, he could have piled Pelion on Ossa,* to prove that the plague is not contagious. Well! we suppose we must not question the mountain moving power of Mr. Larkin's arm; but we may be permitted to express our opinion, that had he piled Pelion on Ossa, he would have been just as far from his object as the giants were from the skies. They failed in scaling the Heavens—he has failed in disproving the contagion of plague. "The doctrine (of contagion in plague,) says Mr. Larkin, is in itself so improbable, that it carries its own refutation with it; and those who support it, I regard in no other light than that of mere alarmists." This is strong language, when we consider that it is directed by a youth against 99 in a hundred of his professional brethren, not only in this, but in every country of the world. It is quite unnecessary now to enter at all into the question. Nothing new has been elicited of late on either side. The great mass of medical society remain firm in that belief which has been founded for ages on the evidence of facts; while the legislature of the country has openly and unequivocally disclaimed all participation in the wild reveries of the modern revivers of exploded doctrines.

As far as the quarantine laws are concerned, we have always been of opinion that they require revision. The precautions, however, which are taken in other European countries, will not permit us to relax, in

* Med. and Phys. Journal, June 1825, p. 449.

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any great degree, without subjecting our commerce to more inconvenience than at present exists. While we profess our firm belief that the plague is contagious, whatever may be its original or annual source, we think the probability of its reaching these shores, or spreading here (should its fomites be imported) is small indeed. At the same time, we quite agree with Mr. Canning that, "if experiments as to non-contagion must be made, he would rather have them made *in corpore vili*, (as for instance on Dr. Maclean himself) than upon the interests and commercial pursuits of a nation."—*Speech in the House of Commons, June 3d*, 1825.

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3. *Senatus Academicus Edinensis.* This body has altered the statutes respecting the degree of M. D. in the modern Athens. Nor do we think they are altered for the worse. On the contrary, we consider the alteration as a decided improvement. One of the alterations—that of examining the candidate in English, after first testing his classical acquirements by proper classical examination, is what we have preached for many years past—and we maintain that it is the only plan by which a proper estimate can be formed of the said candidate's *classical* acquirements and *medical* knowledge—the true and only objects of the examination. The thesis is still to be *done* in Latin—and that may be all right. The period of study, in some regular university, is extended to four, instead of three years, one of which must be spent, of course, in Edinburgh. Attendance on the following classes is now imperative, viz. anatomy and surgery—chemistry—materia medica and pharmacy —theory of medicine—practice of medicine—midwifery and diseases of women and children—clinical medicine. Two or more of these branches must be attended for six months in each year. Botany three months. The candidate must also attend a course of practical anatomy (dissection)—natural history—medical jurisprudence—clinical surgery —military surgery—and an *additional* hospital attendance of six months in Edinburgh or elsewhere, during two of the four years.

What will the "Society of Physicians," (composed, let it be remembered, of about half a dozen of physicians, who modestly style themselves the representatives of the "peerage of the profession"—risum teneatis?) say to the regulation of *their* alma mater, which now *enjoins* the study of that very branch of the profession, the practice of which excludes them for ever from—the "Peerage!"—Into what a predicament have they thrown themselves by their overweening pride and illiberal prejudice! But why waste words on an association which will never enrol among its members a single physician of respectability, beyond the number composing the original junto.

We cordially agree with the Senatus Academicus in enforcing *the study of all the branches* abovementioned. Surgery and midwifery ought to be studied by the physician, in the same manner and for the same reasons, as physic is studied by the surgeon and the accoucheur. Although, in great cities and large provincial towns, it may be *convenient*

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to divide the *practice* of the profession into distinct branches, the *study of the whole* never can be dispensed with, if we wish to see the science advance and impress the public with respect for its professors. It is absurd to think that surgery can be properly practised without a knowledge of the general principles that guide the physician—nor can the physician be competent to treat constitutional diseases without a proper knowledge of the local diseases on which they often depend, or by which they are so generally influenced. Yet, this last class of affections is considered the exclusive property of the surgeon. Again, how can the diseases of parturient women be properly managed by the physicians, without attending to, and carefully studying, that important process of nature with which those diseases are so intimately connected, or on which they so often immediately depend?—The supposition is absurd. The public as well as the profession feel the absurdity of the unnatural disjunction, (as far as study is concerned) and the consequence is very properly a revision and alteration of existing statutes.

P. S. We forgot to mention, that one of the four year's study is allowed to be spent in a university, or "*elsewhere* (for instance London) *provided that the student, in the latter case, attend for six months or more, the practice of some great hospital.*" It is mentioned in the statutes, that the hospital must contain 80 or more beds. A year's grace out of the four is also allowed to medical officers in the army, navy, and East India Company's service.

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4. *Variolo-Vaccination.** Dr. Ferguson, a young physician of considerable promise, has addressed a letter to Sir Henry Halford on the subject of modified small pox artificially induced by inoculating with both fluids at nearly the same time. The proposition is not entirely novel. Dr. Woodville, in 1799, vaccinated 510 patients *in the small pox hospital*, but, to his astonishment, he found that in the greater number of these, a general eruption of "variolous-like pustules" broke out, instead of the vaccine pustule. Dr. Jenner being acquainted with this event, gave it as his opinion that the vaccine matter must have been *variolated* by the atmosphere of the hospital. In fact, there can be little doubt that this eruptive disease was no other than the modified small pox. Dr. Woodville mixed the variolous and vaccine matter and inserted it into the arms of twenty-eight persons. In one half of these the small pox, and in the other half, the vaccine was produced—"but in none was there many pustules, or much indisposition." It also appears, says Dr. Woodville, "that if the cow-pox matter and the small-pox matter be both inserted in the arm of a patient, even within

* A letter to Sir Henry Halford, Bart. proposing a method of inoculating the small pox, which deprives it of all its danger, but preserves all its power of preventing a second attack. By R. Ferguson, M. D. Member of the Royal College of Physicians of London and Edinburgh. 8vo. stitched pp. 38. London, 8th June, 1825.

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an inch of each other, so that at the 9th day the same efflorescence becomes common to both the local affections, nevertheless inoculating from the cow-pox tumour, the genuine vaccine disease will be produced." There are, therefore, four modes of producing the varioloid disease. 1st. By inoculating with both poisons, but in separate places. 2nd. By exposure to a variolous atmosphere and then vaccinating. 3dly. By propagating the varioloid pustule. 4th. By mixing the two poisons together and inserting the compound. The first mode, DR. Ferguson considers as the best. The second is not to be recommended. The third is dangerous. The fourth is very uncertain. The following are Dr. Willan's conclusions on the combined inoculation of the variolous and vaccine fluids.

"'1. That when a person was inoculated with vaccine and variolous matter, about the same time, both inoculations proved effective; for the vaccine vesicle proceeded to its acmè in its usual number of days, and the maturation of the variolous pustule was attended by a variolous eruption on the skin.

"'2. That these effects took place without much variation, in all cases where the interval between the two inoculations *did not exceed a week*: but,

"'3. That when variolous matter was inserted on the ninth day after the vaccine inoculation, its action seemed to be wholly precluded.'—Willan on Vaccine Inoculation, p. 1." 13.

From Dr. Woodville's experiments, it appears that the modified small pox alluded to, is as perfect a security from future attacks of small pox, as the natural or inoculated small pox itself.—And Dr. Willan concludes "that variolous and vaccine virus inoculated at the same time (not mixed) restrain the operation of each other on the body, and somewhat alter the form of the pustules and vesicles, without effecting any change in the qualities of the fluid they contain." And farther on he observes, that persons affected with eruptions on this plan, "are as safe as the inoculated small pox can render them."

Dr. Ferguson anticipates some objections that may be made to his proposal. "It may be asked," says he, "if small-pox after vaccination be so mild a disease, why not let the patient have the full benefit of vaccination, and give him the chance of escaping the varioloid disease altogether? For if he should take the small-pox, you allow it will be mild.

"In answer to this I say, that though it is generally mild, it may be severe. If not severe enough to kill, yet sufficiently so to disfigure. It may be not at all modified, if the vaccine matter has ceased to influence the constitution: *a case of pure small-pox, therefore, caught naturally!* Now the advantages of inoculating so as to produce this disease will readily appear if it be considered—

"That it is an acknowledged fact, that inoculation renders the small-pox mild. That it is also an acknowledged fact, that the cow-pox renders the small-pox mild.

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"If, then, I produce a mild form of small-pox, by inoculation, and mitigate that mild form, by subsequent vaccination, I ensure a disease, which is as secure as the small-pox, and as mild as the chicken-pox."

Another objection is—the forming a source of contagion by this process. Dr. Ferguson does not, we think, appreciate sufficiently the value of this objection. He thinks that, so long as no law exists to enforce vaccination, the carelessness of some and the prejudices of others, will always ensure the existence of small pox. This may be true; but will not the sources be *more numerous* in the one case than in the other? There is one argument, however, in favour of *variolo-vaccination*, which Dr. F. has not adduced. The prejudices against vacination are certainly great among the lower, and the doubts are strong among the higher, orders of society. The most prejudiced and the most sceptical, we think, would not object to the double process, which would appear to them as making security more sure. If this plan is to be acted on, the inoculation of small-pox matter should take place a few days after the vaccination—that is, as soon as it appears that the vaccine matter is taking effect. For if we inserted both fluids at the same time, we might sometimes have small pox without the modifying influence of vaccina.

Dr. Ferguson writes well. He is a gentleman of superior education, whose mind is well stored with the science and literature of his own country, and expanded by travelling abroad.

"Et mores hominum multorum vidit et urbes."

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5. *Abernethy* versus *The Lancet.* This long-pending and expensive suit has, at length, terminated. The arguments, on both sides, were sustained with all the eloquence, subtlety, and ingenuity, which forensic talent could bring forth. The judgment delivered by the Chancellor on Friday the 17th June, we shall copy from the Courier of that day, and record it without a comment.

"The Lord Chanchellor having declared his intention of giving judgment in this important cause, the Court at an early hour was crowded. His Lordship on entering the Court commenced his judgement. This was a motion, he observed, for an injunction to restrain the publishers of the Lancet from communicating to the world the lectures of Mr. Abernethy, and had been argued on three grounds:—A violation of literary property; a breach of trust; and of implied contract. At the conclusion of his former observations, he raised the questions whether, if these publishers were pupils, they would not be guilty of a breach of an implied contract in publishing to the world lectures which it was intended never should be so published; or, if they were not pupils, but obtained their information through some one or other of the pupils, they would not be guilty of such a violation of trust, as would warrant the interference of that Court to the extent now prayed; the importance of the question had led him to advise with the Common Law Judges on the subject; who were unanimously of

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opinion, that if the publication were by a pupil, an action for damages would lie against him, as the common law would assume an implied contract; or, that if the publication were by a person who received his information through a pupil, and there was no other way in which he could receive it, a similar action would lie against the person thus publishing, for the law would not permit that which could only be obtained by fraud, to be employed by a third party to the injury of the person in whom the property existed. In this view of the law he perfectly concurred; and it was well for the protection of that large and meritorious class of individuals—our public lecturers—that such was the law. On the whole he was of opinion, that it had been made satisfactorily to appear, that this publication was effected by either a breach of implied contract or of trust, and, on either of these grounds Mr. Abernethy was entitled to the injunction prayed.—Motion granted."—*Courier, 17th June*, 1825.

XIII.

ANALECTA MINORA,

OR

MINOR PERISCOPE.

——————— sparsa Colligens.

1. *Nitre in Menorrhagia.* At a late sitting of the "*Athenée de Medecine,*" M. Goupil, M. Martinet, M. Deslandes, and others, related many cases where nitrate of potash in large doses, that is (from a scruple to a drachm or even more, three or four times a day) arrested menorrhagia after the usual means had been tried in vain. The last-mentioned physician reported his success with this medicine, in similar doses, when employed in cases of hæmoptysis. As nitre may be given with acids in large doses, in pulmonary hæmorrhages, without interrupting other means, as blood-letting, &c. it ought to be borne in mind by the practitioner, upon such occasions.

2. *Iodine in Sulphureous Springs.* M. Cantu, Professor of Chemistry in the University of Turin, has discovered that iodine, in the form of hydriodate, is contained in all sulphureous springs—at least, in all that he has analyzed, and he has examined a considerable number. This will account for the efficacy (in part at least) of these waters in glandular and visceral obstructions, and analogous diseases.

He comes to the following conclusions:—1mo. That iodine is most probably a constituent of all natural sulfureous waters containing the hydrochlorates. 2ado. That the iodine is found, in these waters, in the state of hydriodate. 3tio. That the sulphuretted hydrogen, by a prolonged action on the hydrochlorates, and by other circumstances favourable to chemical reaction, may possibly give rise to the formation of iodine in these waters

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4to. That iodine may, probably, not be a simple, but a compound body, one of whose elements may be chlorine. 5to. That the great efficacy of sulphureous waters in the cure of glandular and visceral obstructions, is owing in a great measure, to the presence of iodine in the form of hydriodate. 6to. That in this diluted state, and in combination with other substances contained in these waters, the iodine may act more efficaciously and less dangerously, than when in an insulated condition.

3. *Sangrado Practice.* The warm water system of the celebrated Sangrado has been lately revived in France, even to the letter. It was proposed by M. Cadet de Vaux, and put to the trial by M. Duchassin, a physician at Guise. It is for the cure of gout and rheumatism, and consists in the administration of 48 glasses of very hot water (de l'eau très chaude) taken in the course of 12 hours—that is, a glass every quarter of an hour. M. Duchassin avers, that he has been eye-witness of the cures performed in this way. Four cases are related in illustration, in the Gazette de Santé for May 5, 1825.

4. *Hydrophobia.** The following is one of the strongest instances, perhaps, on record, of the good effects of the actual cautery in preventing (it is very falsely styled *curing)* hydrophobia. It is related by Dr. L. Emiliani, in the work cited below.

Dom. Brizzi, a bleacher, had a large house-dog, who was kept chained in his court. This dog was bitten by another strange dog, who was wandering about. Thirty days after this event, the dog bit his master, his master's son, and a servant, and then shewed symptoms of hydrophobia, of which he died in a few days. The bitten persons took some remedies internally, which were said to be antidotes to hydrophobia, and six days elapsed before Dr. E. visited the family and explained to them the dreadful danger that probably awaited them. He proposed cauterising the eschars, to which operation Dom. Brizzi and his son assented, but the servant refused to comply, as he had been bitten just above the pubes. Professor Atti cauterised very profoundly the wounds of the two persons abovementioned, and kept up a considerable discharge from the parts by means of blistering ointment. These two escaped the disease; while the servant, on the other hand, was seized with hydrophobia, on the 27th day after the bite, and died, of course, in two or three days.

5. *Deafness in Old People.*† There came into the infirmary of the Salpetrière, an aged female of 82 years, who had been so extremely deaf as to be insensible to the noise of a trumpet at her ear. She died, and M. Pinel examined the organ of hearing with great care. The membrana tympani as compared with that of a person of the same age, but who had not been deaf, presented nothing particular, nor did the ossicula auditûs. On examining the labyrinth and the semicircular canals, no traces of a fluid could be found. This phenomenon led M. Pinel to look farther into the subject. On examining a number of persons whose hearing had been good before death, he invariably found the cochlea and semicircular canals filled with fluid. Some time afterwards, a female, who had been deaf for 30 years, particularly of the left ear, died, and was examined by our author. The membrana tympani appeared sound externally; but on opening it, the

* *Storia Medica di un Caso Raro, &c.* Transactions of a Society at Bologna, vol. iii.

† M. Pinel. Archives, Octobre, 1824.

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cavity of the tympanum was found to contain purulent matter—the ossicula auditûs were partially carious—the membrane lining the cavity of the tympanum was red and inflamed—the cochlea and semicircular canals presented a similar state of inflammation, and the fenestra rotunda was eroded and open. Here it was evident that the deafness was occasioned by the chronic inflammation and its consequences, of the interior of the ear.

The same day, M. Pinel had an opportunity of examining the internal ear of a female, 84 years of age, who was partially deaf—or, in plainer terms, "hard of hearing." In this case, the only thing remarkable was, the paucity of fluid in the cochleæ and semicircular canals. In another person, who was deaf of the *right* ear, and who died scorbutic, our author found nothing particular in the interior of the *left* ear, while the lining membrane of the *defective ear* was discovered to be thickened, opake, and not a trace of fluid in the parts before mentioned.

Our author has, since that period, made many dissections of a similar kind, and with similar results. What may be the causes of this state of the internal ear he cannot take upon himself to say. Such are the facts which have presented themselves to his observation.

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6. *Belladonna in Tic Douloureux.* Assistant Surgeon Henry, of the 66th, has related two cases of tic douloureux of the face, cured by the external application of belladonna to the nerve affected. Mr. Henry does not apprehend that this medicine has ever been used externally for the complaint before. But we can assure him that it has been tried hundreds of times. Mr. Bailey, of Harwich, published an octavo volume some years ago on "the use of belladonna in painful disorders of the head and face." Many practitioners, since that period, have tried it—sometimes with, but more frequently without success.

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7. *Injecting Bodies with Whiskey.* Dr. Godman, of Philadelphia, has used common whiskey in injections, in preference to saline or acid solutions. This injection, he avers, answers all the purposes of the others, and is free from the objection of rusting the knives while dissecting the subject. —*Phil. Journ. No.* 18.

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8. *Dissection Wounds.* Dr. Godman, in the same journal, informs us that the method pursued by the Philadelphia students, when they cut themselves, is, first to wash the wound well with warm water and soap—then to suck it forcibly for a considerable time, till the blood no longer flows—and lastly, to cover the wound with a piece of court-plaster till healed. After such procedure the dissector never entertains the least fear of bad consequences.

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9. *Acupuncture.* A culpable piece of neglect in the Hotel Dieu, lately caused the death of a patient after acupuncture. A man, in Recamier's wards, had colica pictonum, for which the usual treatment was tried in vain. Three needles were, therefore, pushed into the abdomen—one at the epigastrium, and one on each side of the umbilicus. The needles were five inches long, half of which length penetrated the abdomen. The man did not remain quiet as he was ordered, but went to stool with the needles sticking in the abdomen. The consequence was that the two needles near the umbilicus, having no heads, escaped into the abdomen! The patient died the next day, and the reporters *say* there were no traces of inflammation in the abdomen. *Credat Judæus!—Revue Med. Avril.*

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10. *Iron Nail swallowed.* A child, 18 months old, at Pembroke Dock, swallowed an iron nail about an inch long, having a rough head. Strong convulsions soon followed, and then spontaneous vomiting. These subsided, and on the fourth day, the stools became black and evidently ferruginous, with retention of urine. This last symptom being relieved, the child went on well till the 7th day, when vomiting and convulsions again recurred. The same train of symptoms took place once more on the fourteenth day, and, for the last time, on the 20th day; after which the child suffered no further inconvenience, and perfectly recovered its health. The black stools never appeared but once, and the nail could not be detected in the motions.—*Mr. Thomas. Med. and Phys. Journal.*

11. *Fractures of the Patella and Olecranon.* Mr. Amesbury has published some drawings of an apparatus for bringing into apposition, fractures of the abovementioned parts, in the May Number of the Medical Repository, to which we beg to point the attention of the surgical reader. We have seen the apparatus, and also an improvement which he has effected, since publication, in the straps corresponding to B in plate 1. and to D in plate 2.

XIV.

BIBLIOGRAPHICAL RECORD;

OR,

Works received for Review between the 15th of March, 1825, and the 15th of June 1825.

1. A Short Treatise on Operative Surgery, describing the principal operations as they are practised in England and France; designed for the use of students in operating on the dead body. By CHARLES AVERILL, M.R.C. M.C.S. and Surgeon to the Cheltenham Dispensary and Casualty Hospital, &c. &c. 2nd Edition, considerably enlarged, and with the addition of Drawings. London, 12mo. pp. 251. 4 plates, 1825.

2. Illustrations of the Arteries connected with Aneurism, and Surgical Operations. These Plates are intended to explain the relative Position of the Arteries, in respect to the surrounding Parts, and the Organs to be met with in such Operations, both external and internal to their Sheaths. No. 2, containing Plates II. III. and IV. of a Complete Series By G. D. DERMOTT, M.R.C.S. London, folio, 1825. Price Nine Shillings.

☞ *Whoever takes the trouble to examine these lithographic plates attentively, will agree with us that they are among the most correct illustrations of the subjects embraced which have ever been published. They do Mr. Dermott infinite credit.*

3. A Manual of Pharmacy. By WILLIAM THOMAS BRANDE, F.R.S. Secretary to the Royal Society of London; Fellow of the Royal Society of Edinburgh; Member of, and Professor of Chemistry in the Royal Institution of Great Britain; Professor of Chemistry and of Materia Medica to the Society of Apothecaries of the City of London; Honorary Member of the Literary and Philosophical Society of New York, of the Physico-Medical Society of Ertangen, of the Imperial Pharmaceutical Society of St. Petersburgh, of the Imperial Society of Naturalists of Moscow, &c. &c. London, 8vo. pp. 556. 1825.

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"Some eminent Professors of Midwifery having, in delivering *Lectures*, availed themselves of these TABLES, and been pleased to recommend them to their Pupils, this affords the best proof of the utility of the Work."

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18. Observations on Extraction of Diseased Ovaria; Illustrated by Plates coloured after Nature. By JOHN LIZARS, Surgeon, Author of the System of Anatomical Plates. Folio, pp. 24, Five Coloured Plates. Edinburgh and London, May 1825. ☞ *In our next.*

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19. A Popular Explanation of the Elements and General Laws of Chemistry. By WALTER WELDON. 8vo, pp. 622. London, June, 1825. Price 12s.

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20. Parental Guide, during the Progress of Cow-Pock Disease. By JOSEPH MORLEY, Surgeon of Willingore, in the County of Lincoln, &c. 8vo, pp. 40, with a Coloured Plate.

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21. A Letter to the Right Hon. W. Huskisson, M.P. President of the Board of Trade on the Quarantine Bill. By A. B. GRANVILLE, M.D. &c. 8vo, stitched, pp. 16.

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22. Novus Thesaurus Semiotices Pathologiæ quem Collegit atque Edidit, MAURITIUS HASPER, M.D. Universit. Lit. Lipsiensi, &c. &c. 8vo, pp. 470. Leipsic, 1825.

☞ *We return our worthy friend Dr. Harper, our sincere thanks for this very excellent work, of which we shall take notice in our next article on the subject of Semiology.*

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23. Geschichte der Augenheel Kunde in Sachsen. Von Dr. FRED. AUGUST. AMMON. 8vo, pp 72. Leipzig, 1824.

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24. Parallele der Frangesischen und Deutcshen Chirurgie. Von Dr. FRED. AUGUST. AMMON. 8vo, pp. 483. Leipzig, 1825.

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25. A Brief Sketch of the Progress of Opinion upon the Subject of Contagion; with some Remarks on Quarantine. By WILLIAM MACMICHAEL, M.D. F.R.S. &c. 8vo, Sewed, pp. 32. June, 1825.

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26. Small Pox and Cow-Pox: comprehending a Concise History of those Diseases, &c. &c. By JOHN JENNINGS CRIBB, Member of the Royal College of Surgeons. 8vo, sewed, pp. 80. Cambridge and London, June, 1825.

☞ *The substance of this publication was lately read at the Medico-Chirurgical Society. We are very sorry to observe in it the death of a young gentleman (Mr. Barrett of Cambridge) by confluent small pox, after well defined vaccination.*

*** NOTE.—Authors and publishers will readily appreciate the importance of having their works recorded, with full length titles, on this list, which stands as a perpetual advertisement so long as the Journal lasts, and as far as it extends. The republication of the Journal in America enhances the advantages of the BIBLIOGRAPHICAL RECORD, on which no work can be entered, unless transmitted, free of expence, to the Editor, under sealed cover to the publishers, or in any other way most convenient to the parties concerned.

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XV.

EXTRA-LIMITES.

I.

AN IMPROVED ARTIFICIAL NOSE.

By J. Snell, Dentist, Member of the Royal College of Surgeons, &c.

I was applied to in November last, by an officer in the army, who had lost a great part of the nose, and who expressed the greatest aversion to wearing an artificial one made after the manner generally adopted, (with spectacles, or by a spring, passing from the occiput over the head, and down the forehead, to which the nose is attached.) He was anxious to know whether one could not be formed which might be held in apposition with the face, without these external attachments. Having long made that part of mechanical surgery, which has for its object the supplying deficiencies of the mouth and face, my particular study, I conceived it no difficult matter to make an artificial nose which would do away with the unpleasant appearance of the spectacles and head-spring. I accordingly constructed one which was held in close contact with the face, in the following simple manner:—A correct model was first taken of the defective parts, which was cast in brass, and upon which a thin gold plate was accurately fitted, in the manner generally adopted by jewellers. To the inner surface of this plate, at that part which was to form the septum, were soldered three pieces of gold wire, which terminated, each, by a small flat plate, pierced with holes, for the purpose of sewing to its outer surface, a covering of Indian-rubber. These gold wires were rendered highly elastic.

Upon the outer side of the principal plate was next fitted a piece of ivory, so as entirely to cover it; the extreme edges of the ivory being intended to come in close contact with the face. This ivory was then carved to the exact shape and fashion of such a nose as appeared most likely to be suitable for the size and contour of the face for which it was intended—the under part being hollowed out to form the nostrils, rendering it very light and thin. The gold and bone were now rivetted to each other firmly, by small gold pins. The artificial nose was then placed upon the face, and an artist coloured it in oil, exactly to resemble the surrounding parts, both in colour and character.

The nose was held in its position upon the face by the three elastic wires. The two lower ones, having a tendency to press outwards during confinement, pressed against the lateral walls of the nasal cavity. The upper spring having a similar tendency, pressed against the upper roof of the same cavity. The Indian-rubber was used for the purpose of defending the parts from the effects of the pressure of the springs.

The nose might, therefore, be put on and taken off with the greatest facility. The peculiarity of the instrument and the sensibility of the wearer, deprived me of an opportunity of shewing this case to any but the two medical gentlemen who recommended me the patient, and who have since politely honored me with letters, expressive of their favourable opinion of its superiority over those in common use.

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Since the above Artificial Nose was constructed, I have made one upon a similar principle, for a medical gentleman, the successful application of which, and the satisfaction expressed by the wearer, confirm what I have before said of its superiority over those in present use.*

111, Crawford Street,
Montagu Square.

(Copy)

I have had one opportunity of examining an Artificial Nose made by Mr. Snell, and I am of opinion, that his mode of fixing it is decidedly superior to any hitherto adopted.

Charles Street, St. James's, JAMES WARDROP.
April 7th, 1825.

(Copy.) 17, New Burlington Street,
April 4th, 1825.

I have much pleasure in expressing my satisfaction with the manner in which Mr. Snell lately adapted an Artificial Nose in the case of Mr. ——. The objection, on the part of the patient, to the usual concomitants of an artificial nose—a spectacle frame—by means of which the nose is attached to the face, rendered some other mode of connexion necessary. This, Mr. Snell successfully accomplished, and in a manner which, by the *facility of the application of the Artificial Nose, the closeness of its junction to the face, and the firmness of its attachment* thereto, offered more than an equivalent to that by means of a spectacle frame.

J. M. ARNOTT.

Explanation of the Plate.

Fig. 1.—The appearance of the Face before the Artificial Nose was attached.

Fig. 2.—The Artificial Nose.

Fig. 3.—The appearance of the Face with the Nose attached.

II.

To the Editor of the Medico-Chirurgical Review.

8, Broughton Street, Edinburgh,
June 9th, 1825.

SIR,

Permit me to draw the attention of medical men and of the public to this point,—Whether, in *acute hydrocephalus*, when life is despaired of, and all other remedies pronounced useless, recourse ought not to be had to the hand of a skilful surgeon in drawing off the water, either by means of a cannula introduced into the ventricles, or, if the effusion is over the whole surface of the brain, between the arachnoid membrane and the pia mater, by simply puncturing the membranes with a lancet.

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* I would refer those who may be interested in this case, to Mr. Weiss, Instrument Maker, Strand, who saw the latter gentleman both before and after the nose was supplied.

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I find a great difference of opinion among medical men upon this subject; some, for whom I entertain the very highest opinion, going so far as even to disapprove of the attempt to ascertain, by experience, the practical importance of the operation. I judge, from your introductory observations on Mr. Money's case in your last number, page 478, that, as at present advised, you have no great faith in the operation; but, I shall be much disappointed if you are not open to conviction, which can hardly be said of those who discourage the attempt and even forbid it.

I am unfortunately under a melancholy conviction of its utility, and am, therefore, anxious to know what experience may teach us upon this matter. It is possible, that I may have been run away with too much from parental hopes and anxiety in a case, where the existence of the patient was a source of greater happiness to me than all this world can bestow, and therefore, I think it right to give a summing up of the objections and answers that I have heard. It is said:—

First,—That the operation of introducing a cannula into the ventricles will produce instant death.

Answer.—Mr. Lizars' case in the Edinburgh Journal of April 1821, p. 243, where he introduced it not less than twenty times in the course of three months, and often with benefit, never with injury, together with the cases there referred to,—Dr. Freckleton's case in the same journal, p. 240, Mr. Money's case abovementioned, the experiments of Fleurens, proving how much more liberty can be taken with the brain locally, as distinguished from generally, than was believed, provided the sensorium or origin of the nerves be not injured,—and the numerous accidents from gun-shot wounds, fractures, &c. where portions of the brain are even removed, and one that I am acquainted with, where the head of an arrow was successfully extracted from the brain of a boy ten years of age, prove that the operation can be performed with impunity. See Mr. Wise's observations in the Extra-Limites of your last Number, p. 536.

2*d. Objection*.—That if there is water at the base of the brain as well as in the ventricles, it can not be got out.

Answer.—It is not always certain that there is water at the base of the brain; but, in a case where I attended the dissection of the brain of a child that had died of this disease, and where I had recommended the operation and had brought Mr. Lizars to perform it, when the parents changed their mind and would not consent to it, the passage between the base and the ventricles of the brain, discovered by Bichat, was pointed out at my request by Mr. Lizars, as well as the communication by the arachnoid membrane; so that, where there has been no adhesion from disease, water from every part of the brain, and even from the very bottom of the spine, will flow out at the cannula or opening made by the lancet, as the case may require, by the laws of gravitation, and by the influence of respiration on the blood distributed to the brain.

3*d Objection*.—That the operation can be of no use.

Answer.—This seems to me, in the present state of our knowledge, to be too violent a presumption. In the *chronic* state of the disease, I fear there is always a derangement of structure or disease in the brain itself, and where that is the case, I agree that the operation would do no good; but, in the *acute hydrocephalus*, produced, as I believe it to be, among children under two years of age, by the irritation of teething, in nine cases out of ten, where a turgescence of the vessels of the brain has terminated in effusion, and where the brain itself is perfectly sound and healthy, what right have we to say that, after safely relieving the brain from the pressure of the water, it is impossible for it to recover the function of absorption, or, in other words,

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that the balance between the absorbent and exhalent systems can not, by the power of mercury or any other means, be restored to this organ as we know it can be to other organs. In two cases of *acute hydrocephalus*, where I have now witnessed the *post mortem* operation and dissection by Mr. Lizars, the brain was perfectly sound and healthy, and he was of the same opinion that I was; that if the pressure of the water had been removed in life, as it might have been, (in one of the cases by the introduction of the cannula, and in the other, by simply puncturing the membranes with a lancet,) there was a great chance of recovery. Dr. Farquharson, whose abilities are of a very superior order, and who, notwithstanding his great modesty, bids fair to tread in the steps of his late father, long one of the most accomplished physicians of this place, was of the same opinion.

There is considerable authority upon this subject. In the first place, there is that of Hippocrates, that of Mr. John Bell, and that of Dr. Mason Good, upon which I have principally relied, being familiar with his writings from having been the first publicly to recommend his Nosology in this place. I am, moreover, informed by Mr. Dick, whom I had the pleasure and satisfaction of bringing forward as a lecturer, in this town, on veterinary surgery, that, to his knowledge, the operation has been performed with success in sheep. Among breeders of poultry, and particularly of turkies, I understand it is very common.

By the publicity and discussion which has been given to this subject, I trust that, through the means of your wide, and deservedly wide, circulating Review, some valuable information may be communicated to the world.

I have written to a friend at Paris upon the subject, and I wish to invite information publicly or privately; because, after one of these *post mortem* operations by Mr. Lizars, I hazarded an opinion, that the time would come when, in desperate cases of this kind, the operation of drawing off the water would become as common as cutting for the stone is now, to which my old friend and venerable preceptor Dr. Barclay, who was present, added "and much more simple."

The difficulty of establishing this operation must necessarily be greater than that of lithotomy, and you know how long it was before medical men could be brought to approve of that operation.

It neither can nor ought to be attempted but by a skilful surgeon. In nine cases out of ten, the little innocent will be cut off while other remedies are pursuing, and where that does not happen, few parents will give their consent, if the medical man, who enjoys their confidence, withholds his sanction to it, or discourages it in any manner.

In some sudden and severe cases of palsy, where the patient can neither write nor speak, although his intellectual faculties are perfect, and the physician shall be of opinion that the paralytic symptoms are produced entirely by the pressure of water on some part of the brain, (and such a case I have seen) how important may this operation be, if it should do nothing more than restore the faculty of speaking or writing only for a few weeks, days, or even hours, so as to allow the patient time to make his will. Upon the same principle, Sir A. Cooper justifies and recommends the operation of tying the great aorta.

My medical education has been altogether that of a physician; but, I cannot shut my eyes to the benefit mankind is receiving from the brilliant operations in surgery, which have been performed and established in my own day.

I remain, dear Sir, with great respect,
Your faithful Servant,
WILLIAM SCOTT, M. D.

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III.

The Annual Report of the General Committee of the Associated Apothecaries and Surgeon Apothecaries of England and Wales, received and adopted at the Annual General Meeting of the Association, held at the Crown and Anchor Tavern, Strand, July 7th, 1824.

JOSEPH HAYES, Esq. *President.*

Your Committee respectfully submit to the consideration of the General Meeting, the following statements and observations.

The instructions of the last General Meeting have been kept in view, as far as circumstances have permitted, and several interesting communications, on the state of the Medical Profession, and on medical and surgical subjects, have been received.

The Volume of Transactions of this Association, published since the last Annual Meeting, has placed on record the labours of the Society for the improvement of the Medical Profession and the advancement of the Public Welfare: this historical account, comprising the entire period since the formation of the Association, necessarily increased the extent of the work, an inconvenience not to be anticipated in any future volume.

Of the prizes offered by the Association for Essays on Medical Education, and on Inflammation, the former only has been awarded, the period for the latter having been extended, under certain limitations, to another year.

The essay to which the premium of the Gold Medal has been adjudged, your Committee trust will be found useful to the Profession, as well as creditable to the zeal and ability of the successful candidate; and your Committee confidently anticipate that the subjects of useful research pointed out by the Association, may call forth the efforts of many whose labours may be beneficial to science and to humanity.

Whilst your Committee has had the gratification of witnessing the very commendable exertions of students to qualify themselves for the duties of an arduous profession, they have to regret that these exertions have been met, not with correspondent liberality, but by restrictive regulations on the part of the College of Surgeons: far from improvement in science being secured by these regulations, the highest attainments are to be set at nought, unless the fees exacted for instruction have passed into certain channels pointed out by the Court of Examiners; your Committee deem it right that the attention of the Profession should be directed to these regulations, for, however pure the motive of the Examiners may have been, the obvious tendency of such restrictions appear to be, to give an undue preference to themselves, their colleagues, and their relations or dependants, to the exclusion of others, not less competent to the task of instructing.

That regulations founded on arbitrary and absurd distinctions cannot now, as formerly, be forced upon the public, may be inferred from the triumph of the Governors of one of the first hospitals in the Metropolis, who have preferred a surgical candidate of their own choosing, disregarding and setting at defiance the trammels by which such elections have too often been fettered.

In addition to the regulations above alluded to, there appears another point deserving the attention of the profession: a technical difficulty has occurred in proving the certificate of qualification, according to the Apothecaries' Act, which places apothecaries residing at a distance from London, who may be necessitated to seek legal redress, in a much worse predicament than those who were in practice at the time of passing the Act; the parti-

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culars of which have been ably stated in a recent number of the Medical Repository.

The attention of the Society is also called to certain regulations, which, it appears to the Committee, need some attention: these respect the title of the Association, the election of its officers, and the power to withhold, under certain circumstances, the prizes for the essays.

The object of the Association, in publishing occasional Volumes of Transactions, being, to stimulate to intellectual exertion, to diffuse medical knowledge, and to augment the respectability and usefulness of the general practitioner; it is confidently hoped that gentlemen who duly estimate the value of these objects, will, by communications of an interesting nature, endeavour to promote them.

The Funds of the Association, notwithstanding the premiums and other expences, remain nearly in the same state as last year.

Your Committee cannot close this statement, without allusion to the loss which this Association, and the society at large, have sustained, in the death of Mr. Charles Thomas Haden; devoted to science and philanthropy, his amiable manners endeared him to his associates, whilst his virtues afforded an example worthy of imitation.

Published by Order of the General Meeting.

JOHN POWELL, *Sec.*

IV.

CROWN LIFE ASSURANCE COMPANY.

Instituted for the Assurance of Lives, the granting of immediate and deferred Annuities, deferred Sums, Endowments for Children, and also for the purchase of Contingent and Reversionary Property. No. 33, Bridge-Street, Blackfriars.

CAPITAL £1,500,000,
IN 30,000 SHARES OF £50 EACH.

Directors.—WILLIAM PEAT LITT, Esq. Chairman.—JOHN WELLS, Esq. M. P. Deputy-Chairman —William R. Cosway, Esq.—James Colquhoun, Esq.—James Colvin, Esq.—Captain J.W.D.Dundas,R.N.—James Farquhar, Esq. M. P.—Thomas Harrison, Esq.—George H. Hooper, Esq.—John Kirkland, Esq.—Major Moody, *Royal Engineers.*—Sir Francis Ommaney, M. P.—Thomas Solly, Esq.—Alexander Stewart, Esq.—William Whitmore, Jun. Esq.—John Wilson, Esq.—William Wilson, Esq.

Auditors.—John Joseph Harrison, Esq.—Isaac Solly, Jun. Esq.—Henry Stock, Esq.

Trustees.—John Wells, Esq. M. P.—James Farquhar, Esq. M.P.—Sir Francis Ommaney, M. P.—George Henry Hooper, Esq.—Alexander Stewart, Esq.

Bankers.—Messrs. Whitmore, Wells, and Whitmore, Lombard-street.

Standing Counsel,—Charles Ellis, Esq.

Physician,—Dr. James Johnson, Physician Extraordinary to H.R.H. the Duke of Clarence, Suffolk-place.

Surgeon,—James Wardrop, Esq. F.R.S. Ed. and Surgeon Extraordinary to the King, Charles-street, St. James's.

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Solicitor.—Thomas Haddan, Esq.—*Actuary*,—Mr. J. M. Rainbow.
Secretary,—Mr. T. G. Conyers.

The distinguishing feature of this Institution is the extension of the advantages of the system of Life Assurance to classes of individuals who are at present altogether excluded from them, except at premiums quite disproportionate to the actual risk.

It is also intended to combine the ordinary business of Life Assurance upon principles which are the result of the experience of the existing Establishments, and which, whilst they afford adequate security to the Company, will, at the same time, be found to present important advantages to the public.

For the ordinary Risks of Life Assurance an entirely new set of Tables has been formed for this Company, in calculating which great pains have been taken to apportion the Rates to the risk incurred at the several ages, and the Scale now presented to the Public will be found on inspection to afford liberal terms to the Assured.

Two Thirds of such Profits as shall periodically be declared divisible will be apportioned among Assurers for the whole term of life, and may be applied to the reduction of the future annual Premiums, or to the increase of the sum assured, as may be desired. The remaining one Third of the Profits will be apportioned among the Shareholders according to the Deed of Settlement, and thus persons being Shareholders and effecting Insurances for the whole Term of Life become entitled to participate in the whole of the Profits.

Permission is granted (without any additional charge) to persons insured by this Company, to proceed by Sea, in decked vessels or steam-boats, from one part of the United Kingdom of Great Britain and Ireland to another, and to and from the Islands of Guernsey, Jersey, Alderney, Sark, and Man, and also in time of Peace to and from British Ports, and any foreign Ports between the Elbe and Brest, both inclusive.

The Purchase of their Policies is effected by this Company upon fair and equitable principles.

The Company has also for its object the Insurance of the Lives of Officers in His Majesty's Army, Navy, and Royal Marines (both at home and *upon actual service)*, in the Military and Maritime Service of the Honorable the East-India Company, and in the Merchant Service of the United Kingdom, and the insurance of the lives of individuals *intending to reside abroad*, either permanently or for shorter periods, and of persons *proceeding upon single voyages* to any quarter of the globe, or *remaining at sea*, at premiums proportionate to the actual risk, and calculated upon unquestionable and ascertained data.

This Company will also grant Life Annuities, present and deferred, and Endowments for Children, purchase Life and Reversionary Interests, advance money on Mortgage, or other security, and transact generally all business appertaining to a Life-Assurance Company.

No Charge is made for Admission Fees or Entrance-money, or for Policies, beyond the amount of the Stamp.

Shareholders in this Company are required to insure and keep on foot Insurances to the amount of one half of their Shares, to purchase or sell an Annuity the consideration for which shall be equal to that amount, or to pay an annual fine of 2*s*. 6*d*. *per* Share upon such moiety. No Proprietor is to be answerable for any claims or demands against the Company beyond the amount of his Share in the subscribed Capital, and the funds of the

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Company are alone answerable to the Assured. The Directors have the power to submit any dispute which may arise to arbitration.

A reserve of Shares has been made for the Officers in His Majesty's Army and Navy, and Royal Marines, and in the East-India Company's and Merchant Service, and for the Outports and principal Towns.

Daily attendance is given at the Company's Office, No. 33, Bridge Street, Blackfriars, London, from the hour of Ten till Four, where the Prospectus may be had, and every information obtained, as also by application to the Agents.

Medical Officers already appointed.

BEDFORDSHIRE—*Woburn*—Mr. Thomas Parker, Jun.
BUCKINGHAMSHIRE.—*Highwycombe*—Mr. Rose.
CORNWALL.—*Falmouth*—Mr Joseph Fox.—*Penzance*—Dr. Barham.
DERBYSHIRE.—*Derby*—Dr. Forrester.
DEVONSHIRE.—*Devonport*—Dr. Thomas.—*Exeter*—Mr. Samuel Barnes—*Ilfracombe*.—Mr. Nathaniel Vye.
GLOUCESTERSHIRE.—*Bristol*—Dr. Bernard.
KENT.—*Chatham*—Mr. J. G. Bryant—*Deal*—Dr. D. M'Arthur.—*Gravesend*—Mr. Adam Park—*Ramsgate*—Sir T. Gray.—*Sandwich*—Mr. C. Emmerson.
LANCASHIRE.—*Liverpool*—Dr. Alexander Hannay.
LEICESTERSHIRE.—*Leicester*—Dr. J. B. Keer.
NORFOLK.—*Yarmouth*—Mr. Taylor.
NORTHAMPTON.—Dr. Robertson.
NORTHUMBERLAND.—*Newcastle-upon-Tyne*—Dr. Smith and Mr. W. Moore.
NOTTINGHAMSHIRE.—*Nottingham*—Dr. Marshall Hall.
SOMERSETSHIRE.—*Bath*—Dr. J. Gillies—*Taunton*—Mr. H. C. Standert.
HAMPSHIRE.—*Christchurch*—Mr. John Goddard.—*Portsmouth*—Mr. Wilkinson.—*Romsey*—Messrs. Parker and Sainsbury—*Southampton*—Mr. J. R. Keele.
WESTMORELAND.—*Kendal*—Mr. T. Proudfoot.
WARWICKSHIRE.—*Birmingham*—Dr. De Ly's and Mr. Hodgson.
SUSSEX.—*Brighton*—Dr. King and Mr. William Attree—*Steyning*—Mr. Hugh Ingram.
WORCESTERSHIRE.—*Worcester*—Dr. David Lewis.
YORKSHIRE.—*Hull*—Dr. Alderson.—*Berwick-upon-Tweed*—Dr. William Robertson.

WALES.

PEMBROKESHIRE.—*Pembroke*—Mr. J. W. Paynter.

SCOTLAND.

ABERDEENSHIRE.—*Aberdeen*—Dr. Moir.
DUMFRIESHIRE.—*Dumfries*—Dr. A. Melville.
EDINBURGHSHIRE.—*Dalkeith*—Mr. Walter Graham.—*Edinburgh*—Dr. A. Duncan, Jun. and Mr. J. H. Wishart.—*Leith*—Dr. George Kellie, F.R.S.E.
FORFARSHIRE.—*Dundee*—Dr. Alexander Ramsay.—*Montrose*—Dr. Paterson.
HADDINGTONSHIRE.—*Haddington*—Mr. Robert Lewins.
KIRKCUDBRIGHT.—Dr. Shand.
LANARKSHIRE.—*Glasgow*—Dr. Anderson.
LINLITHGOWSHIRE.—*Linlithgow*—George Dallas Baird.
ROXBURGHSHIRE.—*Kelso*—Mr. John Stuart.
PARIS.—Mr. Gunning.

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XVI.

INTELLIGENCE, CORRESPONDENCE, &c.

To Dr. Gibson we return many thanks for his interesting communication, and also for his friendly letter, dated "Camp near Severndroog," in the East Indies. His communication will be properly disposed of—and we wish him health till that long-anticipated period, when—

——————— toil and danger o'er,
He'll anchor on his native shore.

Mr. Jowett will see in the present number what he wishes.

Medical Science in South America.

There is every reason to believe that, now when the leaden yoke of Old Spain is thrown off, there will be a rapid diffusion of the arts, sciences, and literature of Europe, and more especially of England, throughout those vast regions that stretch from the Isthmus of Darien to the dreary shores of Patagonia.—Our countrymen are already dispersing themselves in all directions on both sides of the Andes, and they will carry with them and make known, through the humbler periodicals of the Southern Continent of America, much of what circulates in the numerous journals of their native land. We had little idea that our humble labours, in the medical department of human knowledge, were already known on the banks of La Plata, when the following letter was presented to the Editor of this Journal, by the hands of our Vice-Consul, C. Griffiths, Esq. from the President of the Academy of Medicine and Natural Science of Buenos Ayres. The Editor feels peculiar gratification in receiving this spontaneous token of approbation from an Academy not yet hackneyed in the ways of similar institutions in the old world, and begs, on behalf of his associates and himself, to acknowledge their grateful sense of the honour conferred, as well as of the flattering expressions accompanying it.

"Señor;

"La Academia de Medicina y Ciencias naturales de Buenos Ayres, deseando procurarse la amistad y correspondencia de los sabios, determinò presentar à V. el diploma de Socio de esta institucion en sesion de 7 de Diciembre del año 1822, que en esta ocasion se remite. Conoste tributo espontaneo pagado al merito elevado que distingue la persona de V., y à a la grande reputacion que le hàn ganado sus interesantes trabajos en las ciencias medicas, la Academia ha querido reconocer tambien que esta parte del Mundo nuevo estimaba debidamente al digno autor de la *Revista medico-quirurgica, y del tratado sobre las enfermedades de los climas tropicales.* En consecuencia de estos sentimentos es que el Presidènte de la dicha Corporacion, obrando conforme à su acuerdo, dirije à V. el diploma adjunto, y espera que serà acceptado como prulba del alto respeto que le profesa.

"Tengo el honor de firmarme con toda consideracion. de V.

Señor,
Su muy atento humilde servidor,
MANUEL MORENO,
Presidte. de Acada."

To the Editor of the Medico-Chirurgical Review.

Invalids going to the Continent for the Winter. A physician who has resided several years in one of the healthiest and most beautiful cities of Italy, could accommodate an invalid in his own house (which is large, airy, and finely situated) and attend to his health, if required.—Further particulars may be learnt by letter, *post paid*, to Dr. James Johnson.

Associated Apothecaries and Surgeon Apothecaries of England and Wales.

The Annual General Meeting of this Association will be holden at the Crown and Anchor Tavern, Strand, on Wednesday, July 6th, 1825, at three o'clock in the afternoon.—The chair to be taken at Four o'clock precisely

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The Anniversary Dinner will be on the same day at the above Tavern, at six o'clock.

Stewards:

Henry Blatch, Esq.	Rich. H. King, Esq.
Geo. Fincham, Esq.	Jas. Morrah, Esq.
Wm. Hilman, Esq.	Jos. Rose, Esq.
Thos. Hurst, Esq.	Geo. Woolley, Esq.

Those members or their friends who intend favouring the Stewards with their company, are requested to signify their intention by letters directed to Mr. Ottey, Crown and Anchor Tavern, post paid, on or before Tuesday, July 5, 1825.

Ticket 20*s*. ——— J. POWELL, Secretary.

Dr. Barry, an English physician and army surgeon, has lately read a Memoir on the Circulation of the Blood, before the Royal Academy of Medicine, at Paris. From a great number of experiments on animals, and especially on horses, he has come to the conclusion that the return of blood by the veins is caused by direct atmospheric pressure. Our limits prevent us at present from doing more than announce the subject of the memoir.

Penetrating Wounds of the Chest. [Revue Med. Mars, 1825.] M. Toulmouche has published two cases of this kind, with some reflections, which we deem worthy of notice.

Case 1. In the month of August, 1823, Renault, a carpenter, aged 26 years, fell out of a bed on which he was lying, and the point of a file in his waistcoat-pocket entered his chest and penetrated a considerable way. By the fall the file broke at its junction with the handle. Some hæmorrhage ensued, and continued for two hours after the patient had the courage to extract the file from the wound. His respiration was a good deal embarrassed at the time. A surgeon was called, and applied a cupping glass to the orifice of the wound. During the first month a sanguineo-serous discharge took place from the wound, and the patient was easy in proportion to the quantity of discharge. Gradually the nature of the discharge altered, and became purulent. During the two or three succeeding months there was constant fever, and the patient could not lie on the wounded side, without danger of suffocation. In this situation, Renault was admitted into the hospital at Rennes. The chest had not hitherto been examined by means of auscultation or percussion, and the only thing done at first, in the hospital, was to dilate the wound, from which there issued an abundance of sero-purulent matter, with but temporary advantage. Emaciation slowly advanced; and tired out, he left the hospital and returned to his native country. It was on the 8th of December, 1824, that our author was invited to see this poor wretch, at a small village in the country. He was then pale and emaciated—debility extreme—respiration very difficult, and only to be carried on in the perpendicular posture—copious expectoration of purulent matter from an opening between two of the ribs on the left side of the chest. A probe was introduced its whole length, but failed to reach the bottom. Our author had no stethoscope with him, and could not examine the chest properly till five days afterwards. *Examination.* Excepting at the anterior and superior part of the left side of the chest, the sound, on percussion, was dull as marble. The right side sounded clear. The left side of the thorax was bulged out a little, and the intercostal spaces were broader than on the right side. By auscultation it was observed that the respiratory murmur was only audible in the part that sounded well, that is, under the clavicle about one third way down the sternum. Succussion produced on the ear a faint sound of fluctuation. There was nothing particular in the action of the heart. The following diagnosis was pronounced:—*Adhesion of the left lung to the parietes of the chest at the upper part—abundant sero-purulent effusion with pneumothorax in the other part of the left side.* The patient was transported to the hospital, where he almost instantly died. The dissection verified the diagnostic. When a scalpel was plunged in between two of the ribs on the left side, there escaped a quantity of gas. When the sternum was removed, the left lung was found squeezed up and adherent at the superior portion of the chest by false membranes of long

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standing. False membranes also lined the parietes of this side below, where three pints, and more, of a yellowish pale sero-purulent fluid were collected. The wound communicated with this cavity. The other appearances were of minor importance, and need not here be enumerated. M. Toulmouche's reflexions are not particularly interesting.

Case 2. M. Adolphe K——— 22 years of age, a law-student, received, on the 4th July, 1823, in a duel, a thrust of a small sword, half an inch below the right clavicle. He fell to the ground vomiting florid blood. He was transported to a cottage and medical aid procured. There was but little hæmorrhage from the wound. He was bled before our author arrived. The track of the wound could not be ascertained. There was some slight emphysema—the sense of suffocation was great—each paroxysm of coughing was accompanied by the discharge of a quantity of frothy blood—the countenance was pale—the lips without colour—extremities cold—pulse quick. The vein was again opened, and some more blood abstracted. The discharge of blood ceased, but the breathing continued difficult—and some delirium was present. In the evening the patient was more quiet, and could lie on either side—the chest sounded equally well on both sides. Leeches were applied round the wound. The night was calm, but the breathing was occasionally stertorous. *5th July.* Same state—the patient was plunged in a sopotose condition, and would hardly answer questions, except by pointing to his wound. His intellects now became completely obscured. A consultation of physicians was called. The breathing was very difficult, and accompanied by a rattling in the throat. The cutaneous emphysema was now considerable. Died at 7 o'clock in the evening.

Dissection. The sword had penetrated the summit of the right lung, passing near the arteria innominata—pierced the trachea between the ninth and tenth cartilaginous rings, and issued between the 12th and 13th, wounding the œsophagus, but not penetrating into its cavity. There were effusion and infiltration of blood in the muscular parietes near the wound. The right lung adhered to the side by old membranes. The parenchymatous structure of the lung was gorged—and some blood effused under the pleural covering. The other side of the chest was sound.

MR. WEISS's INSTRUMENTS.*

Having a short time ago undertaken to lay before the public a new Syringe for extracting poison from the stomach, and for administering enemas in any quantity, I have the satisfaction to announce that I have invented an instrument of this description, which will be found superior to any heretofore produced. It is so contrived as to act without VALVES, which, as every one knows, are liable, not only to get out of order, but to be clogged up, when any particle of food is drawn from the stomach, or when any glutinous substance is injected. My Syringe, on the contrary having merely a common cock, is liable to none of those disadvantages, and is so simple in its construction, that the operator, by merely turning the handle, may fill or empty it through whichever aperture he pleases, without the inconvenience imposed by valve syringes, of changing the tubes, which must necessarily distract his attention.

The annexed is a representation of a new Lever and Forceps which I invented about two years ago, and which was pronounced to be very excellent by a certain practitioner of midwifery, who, however, recommended the construction of a pair of forceps on the same principle, which might be used instead of long forceps; I accordingly constructed a pair for him, to his entire satisfaction, but of which he now claims the invention as his own, unjustly as I think, since I may surely consider myself entitled to the benefit and credit of any instrument which I have invented, and on which I have expended my time and my property. This instrument is so simple as to require very little explanation:—By merely lifting the button C from the notch, the operator may give to it whatever angle he pleases. The lever may be either curved or straightened, by turning or reverting the screw at the bottom of the handle. They may both be introduced in a straight direction.

* See Plates with this Number.

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Additional Subscribers since last Quarter.

A.

Austin, Joseph William, M.D. one of the Physicians to the Cork Dispensary, and Humane Society, Cork.

B.

Beattie, Dr.

C.

Campbell, John, Esq. Surgeon, Larges, N. Britain.
Carr, Mr. John, Surg. Montrose
Clinton, Dr.
Coxhead, Mr. John, Student.

D.

Daniel, Mr. Surgeon.
Davidson, Mr. Duke Street, Westminster.
Dawson, Mr. Surgeon.
Dixon, Mr. John, Surgeon, Ronald Kirk.

E.

English Medical Book Society, Paris.

F.

Fogarty, Dr.
Folds, Mr. Assist. Surgeon, R.N.
Fragon, Dr.

G.

Gray, Mr. Surgeon.
Greenhalgh, Dr. G. F. H. Bachelor of Medicine, Bury, Lancashire.
Gunning, John, Esq. Rue Foubourg, St. Honoré, No. 35, Paris.

H.

Harrold, E. Esq.
Hereford Medical Book-Society.
Heron, Dr.

J.

Johnson, Charles, Esq. Surgeon, Rotherhithe.
Johnston, Mr. Ebenezer, Surgeon, R.N.

K.

Kertletoot, Dr. J. L. Gand.
Kirwan, Dr. Dublin.
King, Gilbert, Esq. Surgeon, R.N.

M.

M'Mienn, Mr.
M'Naughty, John, Esq.
Montifiore, Dr. J. J. Surgeon, &c. Little Alie-st. Goodman's Fields.
Morrison, R. Esq. Surgeon in the Royal Navy, F.G.S. &c.
Mortefrine, J. J.

O.

Orpen, Dr. Charles.

P.

Perry, Mr. Henry, Member of the Royal College of Surgeons of London, Licentiate of the Society of Apothecaries, Henbury, near Bristol.

R.

Robinson, Mr. M.R.C.S. Huddersfield.
Ruddiman, Dr.

S.

Shaw, Mr. Surgeon, Alston, Cumberland.

T.

Thomson, T. Hale, Esq. New Cavendish Street.

V. & W.

Vereker, Dr. Dublin.
Walkins, Mr. J. P. Surgeon, Caermarthen.
Weir, Mr. Daniel, Greenock.
Whisher, Mr. H. Surgeon, Hastings, Sussex.
Williams, Henry, Esq. Surgeon, M.R.C.S. London, Glanconway.
Wishart, Mr. Robert, Student.
Wood, Mr. J. F. Lecturer on Chemistry at the Middlesex Hospital

P. S. The new College of Physicians opened on Friday, the 25th June, with great eclat. The inaugural discourse was pronounced by Sir Henry Halford. More particulars in our next.

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Snell's Improved Artificial Nose

Fig. 1

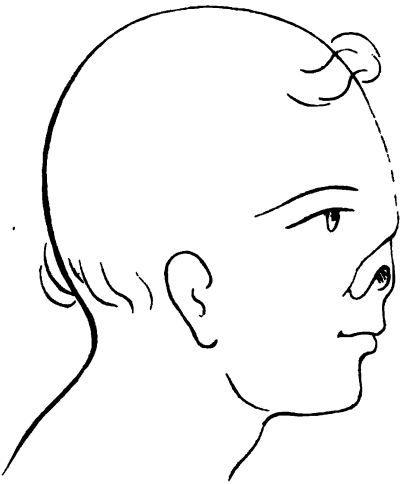

Fig. 2.

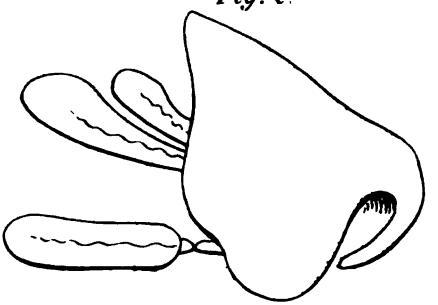

Fig. 3.

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THE

MEDICO-CHIRURGICAL

REVIEW.

VOL. VII.] Analytical Series. [No. 22.

"Nec tibi quid liceat sed quid fecisse decebit
"Occurrat, mentemque domat respectus honesti."

VOL. III.] OCTOBER 1, 1825. [No. 6.

[NEW SERIES.]

I.

Histoire des Marais, et des Maladies causées par les Emanations des Eaux Stagnantes. Ouvrage qui a obtenu le Prix mis au Concours par la Société Royale des Sciences, &c. d'Orleans. Par T. B. MONFALCON, Docteur en Médécine, &c. 1 vol. 8vo. pp. 503. Paris, 1824.

THE surface of our planet presents so many blots and beauties, that it would be easy for an ardent imagination to paint it, and with some fidelity too, as a frightful chaos or a terrestrial paradise, according to the tenor of his mind at the time. Man himself is modified by the soil on which he lives—by the dust of which he is composed! The well-formed Englishman, with

"Pride in his port, defiance in his eye,"

offers a striking contrast with the Cretin of the Valais, or the wretched charbonier of the Pontine fens. Yet these frightful inequalities must be attributed almost entirely to the influence of climate and soil. And not these physical effects on his organization alone, but a whole train of the most devastating maladies to which man is subject, must be traced to emanations from the ground which he cultivates, or the lakes, swamps, or marshes, in his vicinity. Of all the elements, water is that which appears to be the most efficient agent in the production of morbific causes. In all countries, though not equally so, it exercises a hostile influence on the health of man, whether falling in rains, stagnating in marshes, or exhaling in vapours from the surface of the earth—at least so it is thought.

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In the state of exhalation, however, it is very improbable that water is any other way concerned than merely as *conveying* the deleterious agent, whatever that may be, into the air—and, in its state of stagnation, it is probably only operative, as the grand agent of decomposition, and as facilitating the extrication of deleterious emanations. However this may be, the history of marshes and of their noxious influence on human health, is a most interesting portion of medical topography, and well deserving of a separate volume for its development. M. Monfalcon, in the performance under review, has evinced very considerable research in the collection of facts, and much judgment in the arrangement of them.

In his introduction he draws an affecting, but not exaggerated, picture of the wretched condition to which the inhabitants of marshy and unhealthy countries are doomed. Disinherited, as it were, by Nature, these people drink only of life's bitterest cup. The fatal influence of the air in which they vegetate, and of their moral and physical habitudes is strongly pourtrayed in their features—modifying, in an extraordinary degree, their functions and their faculties. They are born valetudinarians, and become decrepid by the time that the inhabitants of healthy countries have arrived at the age of vigour. Youth for them has no enjoyment—age nothing but sufferings! It is hardly necessary to say that their intellectual faculties are degenerate in proportion to their physical organization.

Our author enters into the question, whether the atmospheric constitution of marshy countries is now the same as it was formerly—whether or not the climates, the seasons, the temperature, have changed. In respect to this last, (temperature) the most opposite opinions have been maintained—and each supported by apparently strong facts. That the temperature is *increased* is supposed to be proved by the writings of some poets and historians among the ancients. The Euxine Sea does not now freeze, as it is said by Ovid to have done, two thousand years ago. Juvenal talks of the frozen Tyber, &c. On the other hand, there are not wanting facts to support the opposite hypothesis. The olive has deserted France, where it used to grow—and emigrated farther south, to a warmer soil. The crusts of ice and snow on the Swiss mountains have increased rather than decreased in thickness. But, contrary to both these conflicting hypotheses, the great mass of descriptions recorded by our earliest poets and historians, are found to be faithful portraits to the present hour. Snow falls in Ithaca, as it did in the time of Homer. The temperature of

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Palestine is the same as it was in the days of Job—and those who travel through Thrace, Greece, and Germany, verify the observations made on those climates by Tacitus, Plutarch, and Xenophon.

For our own parts, we believe that no material change of climate, temperature, or seasons, has taken place, *generally*, on the face of our planet, since those great revolutions that raised mountains from the bottom of the ocean, or heaved the sea over our highest hills—but we think there can be no question respecting the fact of very considerable local changes of climate in certain countries or parts of countries. In the memory of those now living, a considerable amelioration has taken place in the rigour of our own winters. There is not near such an average of frost and snow now in England as there was fifty or sixty years ago.

Previously to entering on the work, our author begs to be understood as applying the term *miasm or miasma* to those morbific matters that emanate from the *living bodies* of men or animals, in a state of *disease*, and the pathological action of which on the human frame he denominates *contagion*. The term *putrid emanations*, he applies to the matters issuing from privies, cemeteries, shambles, certain manufactories, &c. &c. and *marsh effluvium* to those morbific agents that rise from swamps, stagnant waters, and soils—the pathological action of which is denominated *infection*. To these definitions and distinctions we have no objection. Indeed, it would be well for science if authors were more precise in the terms which they use, and more explicit in the sense which they attach to them.

In the first chapter, our author gives a description of the formation of lakes and morasses, but it is unnecessary to say any thing on that subject here. When once formed, they are presented to the medical eye under two principal characters—1*mo.* as consisting of dirty stagnant water, from whence a great evaporation of humidity takes place into the air, especially in hot weather—2*ndo.* as containing a considerable quantity of vegeto-animal substances in a state of decomposition, giving rise to emanations of a specific nature.

These emanations, even granting that they are essentially the same in all places, produce very different effects, according to climate, constitution, modes of life, and many other circumstances. They are much more formidable in a hot, than in a temperate or cold country. They will cause a tertian fever in Germany—a petechial in Hungary—the yellow fever in Antigua—the jungle fever in Ceylon—the fatal Batavian fever in

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the Island of Java, &c. lastly, according to our author, they will produce the true plague in Egypt and Turkey. The vicinity of marshes in the torrid zone is often sufficient to render vast tracts of country uninhabitable. They have almost annihilated the population of St. Lucie—an isle which the Caribs themselves have deserted. The yellow fever is well known to take up its abode in northern countries during a temperature approaching the tropical scale. It is naturalised at New York, Philadelphia, and other sea-ports of America—almost exclusively prevailing in those parts of the said cities which are low and dirty—especially along the banks of the rivers, where quays, &c. are formed.

The waters of marshes have been examined with great care by physicians and chemists, but without much success. All that is certain is, that they contain vegeto-animal remains in a state of decomposition—and that when portions of their bottoms become exposed to the rays of a powerful sun, a morbific principle is exhaled that causes fevers, dysentery, and various derangements of the internal organs. Passing over the idle conjectures and theories that have been formed respecting the nature of marsh emanations, we come to the question, *are they all of the same nature?* M. Deveze, among others, long anticipated the new doctrine, as it is called, of some teachers and writers in this country, that the same miasm or exhalation from the bodies of men or the surface of the earth, produced indifferently plague, typhus, ague, dysentery, and many other forms of fever. To this sweeping doctrine we would object that, as we know nothing of the real nature of the marsh emanations, we can only argue or judge by their physiological or pathological *effects* on the animal economy. These, we maintain, are different in different localities. The fever of Batavia differs from the fever of Walcheren—the fever of Antigua from the fevers of the Ganges—and all these differ materially from the plague of the Levant. These are facts which cannot be denied, but by theorists who bend facts to support hypotheses. Nor is it likely that the emanations from putrefying animal and vegetable substances in a *marsh*, should be the same as those which issue from *living bodies* in a state of disease. M. Monfalcon cannot bring himself to the opinion, that marsh and human effluvia are of the same nature, though he hesitates in making any difference between the marsh emanations of different countries and localities. How he can reconcile this identity of cause in marsh fevers with dissimilarity of effects, he does not well explain. The dissimilarity of effects is pretty unequivocally admitted in the following passage: "Les fièvres

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intermittentes de Walcheren ne ressemblent presqu'en rien à celles de Breskens, situé sur l'autre rive de l'Escaut, au temoignage de M. Ferrus. Les fièvres des Marais Pontins diffèrent de celles qu'on voit aux Antilles, et celles des Marais de Rochefort de celles de la Brenne."

Our author dedicates a chapter to the exhalation, ascension, fall, condensation, and transportation of marsh exhalations, taken principally from works on tropical climates, published in this country. We shall therefore pass this chapter over unnoticed.

The succeeding chapter is on the channel by which febrific emanations are received. He thinks, and with reason, that it is not through any exclusive channel, as the lungs, the stomach, the skin—but that it is through the medium of all absorbing surfaces, internal and external. He also admits, with Dr. Johnson, that, under particular circumstances, these emanations appear to act directly on the brain and nervous system.

In respect to the period of incubation, that is, the interval between exposure to marsh poison, and its ostensible effects on the system, we only know that the greatest variety prevails—from a few hours to many months—even a year or more. M. Monfalcon has collected several authentic facts, illustrative of this point, chiefly from English writers, but none throwing any new light on the subject.

We now come to the second part of the work under review, containing a dissertation on the physiological and pathological action of marsh emanations on man and animals.

Man, observes Monfalcon, in marshy countries, is of small stature, and often deformed from infancy, either in the trunk or members, with a remarkable disproportion in the splanchnic cavities. His skin is thin, pallid, and often covered with spots of an earthy appearance. His muscles are flabby, his fat of a watery nature—his hair and beard fair—his complexion pale and sickly-looking—his physiognomy exhibiting, even in youth, indications of age, as well as of melancholy, apathy, and hebetude. His abdomen is prominent, in consequence of the disproportioned development of the abdominal viscera. At twenty-five, the work of decay commences—and the great majority die between the age of 35 and 50 years! It is at this epoch that the endemic fevers rage with redoubled force—that chronic phlegmasiæ of the viscera, obstructions, and dropsies, become established and make rapid progress. A few—a very few, have the good fortune to pass this critical period, and then attain a tolerable and healthy old age. They form but exceptions to, and proofs of, the general rule.

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Travellers who have visited and observed the inhabitants of the Pontine marshes in Italy, have drawn a most melancholy picture of these wretched people. They have compared them to spectres, and could not find words to convey the impressions which their appearance made on the minds of strangers. M. Pioney assures us that, in the year 1777, when he visited the centre of the Pontine fens, the greater part of the inhabitants presented such an œdematous state of body, that the impression of the fingers would remain on any part for hours together. Many peasants were seen on the roads, apparently asleep. They had, as it were, ceased to exist. He asked one of the unfortunate sojourners in the Campagna di Roma, how he could live in such an unhealthy place? "We do not *live*," he replied, "we *die* here." Such is the wonderful, and almost insuperable attachment to natal soil, however barren or however insalubrious!

Our author has dedicated a chapter to the "duration of life —mortality—marriages—and depopulation" of the inhabitants of marshy countries. The medium term of human existence in such places, has been calculated by Saussure and Price at 26 or 27—but it must vary so much in different localities and periods of time as to defy all calculation. Marriages, however, are as frequent as in the most fertile countries in the world. It is accounted for by the certainty with which the necessaries of life may be obtained at a low price—and the services of the children, which, in such situations, are the true riches of the parents.

Our author closes this chapter with the following passage: "I have thus shewn the physiological action of marsh emanations on the animal economy. It is seen that these emanations permit the existence of a certain degree of health. But if, under such circumstances, an organ happens to be over-excited —if a sudden elevation of temperature happens to increase the activity of the exhalations, then serious disease is called into action in the individual—or, if it be a time of war, the local endemic is exasperated into a destructive epidemic."

Pathological Action of Marsh Emanations. It is evident that this must be a continuation of the preceding subject. The term *physiological*, indeed, is hardly proper on this occasion. All the action or actions of marsh exhalations on the human frame must be of a pathological nature. The *former* term, therefore, is only meant to signify the usual or constant deterioration of constitution produced by residence in marshy countries—the *latter* comprehends the prominent or specific

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diseases of various organs, destroying the life of the individual, or sweeping off a great portion of the population at the periods of epidemic visitations, in the shape of fever, dysentery, and other fatal maladies. In short, as our author briefly says—"l'action pathologique des modificateurs de l'organisme est, dans les pays marécageux, l'exagération de leur action physiologique." M. Monfalcon first adverts to the effects of marshy countries on animals, enzootic and epizootic. He justly observes (and it may lower the pride of man) that there is no special physiology or pathology for the lords of the creation. Veterinary medicine in the stable or cow-house, acknowledges the same laws as the practice of physic in the gilded palace! Sheep, in marshy countries, very often become dropsical—cows are subject to inflammations in the lungs—horses to chronic anginæ, and, it is said, (but on no great authority, the late Mr. Royston) to regular agues. The thing is not impossible; but it must be rare, otherwise so striking a phenomenon would be readily observed and speedily recorded.

In respect to the pathological action of marsh emanations, it has formed the theme of the most ancient, as well as of the most modern writers. Monfalcon appears to be no great admirer of the ancient fathers of physic. "Shall I be permitted," says he, "to point out, in their pretended portraits of diseases, the extreme confusion of symptoms—the absurd methods of treatment—the inanity of their doctrines—and that radical vice of their cases, the want of *post-mortem* examinations." The great abundance of materials, he adds, only forms an obstacle, instead of a facility, to his own labours. Our author goes on to trace a rapid sketch of those numerous epidemics and endemics described and recorded by various authors, for some hundred years back, and which were attributed, and with reason, to febrific exhalations from the soil, whether in a swampy or dry state. In this historical picture, he has drawn pretty freely on writers of this country, and has not passed unnoticed the fatal fever of Walcheren, which consigned so many of our warriors to an untimely grave—or, what was worse, to years of irremediable suffering, ending, at last, in fatal disorganizations. On the history and treatment of that memorable fever, as recorded by Sir Gilbert Blane, (who was at Walcheren but two or three weeks, and knew very little of the disease) M. Monfalcon has passed some severe strictures. He is totally unacquainted, however, with the best accounts published in this country of that fatal endemic, among which we may mention the work of Dr. Dawson, the ingenious author of a late volume on the practice of physic. Although we are

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very far from defending our Walcheren practitioners from any share of blame on that occasion, yet we cannot but smile at the sapient criticisms of this disciple of Broussais, who can see nothing in the history of the Walcheren fever but proofs of *gastro-enteritis*, which might have been cured by a few leeches and "eau sucrée." God help thee, Monfalcon! Among many other endemics we saw that of Walcheren, from the beginning to the end. Much error undoubtedly prevailed respecting its nature and treatment; but we are quite satisfied that it was one of those overwhelming visitations which defy, in numerous cases, the power of medicine, how judiciously soever it may be administered. It was a sickly autumn (1809) even among the inhabitants of Walcheren and Beveland—and the circumstances in which the British Army was placed, moral and physical, gave a tremendous additional force to the noxious emanations of that vile country. Had M. Broussais been there, with five hundred thousand leeches in his cortêge, he would have made but a very indifferent stand against the Walcheren fever. We shall treat our readers to a passage from Monfalcon, in his own words:—

"Ce serait avec répugnance, avec une peine extrême, que j'indiquerais le traitement absurde qui fut opposé à cette terrible épidémie, s'il ne prouvait combien la théorie influe sur la pratique, et de quelle importance sont les noms donnés aux maladies. Je suppose que Gilbert Blane et Hamilton n'eussent pas appelé l'épidémie de Walcheren fiévre ou typhus, qu'ils eussent vu en elle une phlegmasie, une irritation, ils auraient entièrement changés de méthodes thérapeutiques, au grand avantage des malheureux Anglais. Mais la maladie est appelée du nom de fiévre, et, au mépris des symptômes inflammatoires les plus violens, tout ce que la thérapeutique possède de plus incendiaire est prodigué avec une opiniâtreté déplorable, à des organes excessivement enflammés. Que la maladie de Walcheren n'ait pas été exclusivement une gastro-entérite, je l'accorde, peu importe cette question ici. Mais ce qu'on ne peut révoquer en doute, c'est la phlegmasie fortement prononcée d'un grand nombre d'organes; l'observation clinique la démontrait; Hamilton la vit exprimée en caractères terribles dans les cadavres, et il continua d'appeler du nom de fiévre la maladie de Walcheren. Elle était, certes, la plus violente des inflammations, voyons comme elle fut traité.

"Lorsque l'irritation des viscéres était à son plus haut dégré d'intensité, Gilbert Blane donnait l'inévitable calomélas, des sels neutres, le quinquina. Si le malheureux estomac rejetait l'ecorce du Pérou, on prescrivait des substances amères, aromatique, et l'opium, la rhubarbe, l'oxide de zinc, surtout l'arsenic. Hamilton commençait généralement par un cathartique, puis venaient les diverses préparations de quinquina aux plus hautes doses possibles. Si ce stimulant manquait son effet, ce

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qui lui arrivait souvent, on l'associait au sous-muriate de mercure, et aux cathartiques. Le sulfate de cuivre et celui de zinc ne furent pas épargnés (propres expressions d'Hamilton;) il en fut de même de l'antimoine, de la confection aromatique de la pharmacopée de Londres, du camphre, de l'ammoniaque, de l'acide nitrique, de la gomme gutte. Il ne manque, à cette liste de poisons, que les acides prussique et fluoborique." 176.

The jet of Monfalcon's researches and observations, in this chapter, is to prove that the great pathological feature of marsh fevers is gastritis or enteritis—" maladies dont la *partie fondamentale* était une gastrite ou enterite." Now, although we grant that inflammations of the stomach, intestines, or other viscera, are generally found after death, yet we cannot but admire the curious way in which they are usually removed in the successful cases, namely, by bark and tonics. In the common form of intermittent, they may be very certainly cured in this way, without any evacuation. In the more severe form of remittent, they will frequently yield to the same treatment, guarding important viscera, in the mean time, by suitable means. And yet the Broussaians will still maintain that those are bonâ fide *inflammations* all the while! The following are the proofs which our author offers of the " *doctrine physiologique.*"

" *Preludes of the Disease.* General malaise—restlessness —anxiety—cephalalgia—cold chills, followed by heat.

" *Signs of Gastro-Intestinal Irritation.* Loss of appetite —ardent thirst—distaste for animal food—bitter taste in the mouth—dry tongue, of various colours, and coated in various ways—aphthæ in the fauces—pain in the stomach—heat in the epigastrium—nausea—vomiting of watery, glairy, bilious, or black matters—diarrhœa, dysentery, or cholera morbus—expulsion of worms from the mouth and anus—obstructions of the liver or spleen—icterus—dropsy.

" *Sympathetic Irritations.* Cephalalgia—pulsating pain in the cranium—various disturbances of the intellectual functions —delirium—symptoms of arachnitis or encephalitis, as spasmodic movements, convulsions, præcordial anxiety—smallness, inequality, or intermissions of the pulse—petechiæ, or other affections of the skin.

" *Post-mortem Appearances.* Livid, red, or black spots on the mucous membrane of the stomach and bowels—ulceration,

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inflammation, or even gangrene of this membrane—tumefaction, inflammation, or disorganization of the liver or spleen—lesions of the peritoneal sheet—inflammation and its consequences in some or all of the other great organs of the body, in the head, chest, and abdomen.

"*Treatment.* This is in harmony with the humoral and entological doctrines. The stomach and intestines are a prey to the most ardent inflammation, *which inflammation becomes periodically exasperated, shewing remissions or intermissions.* But men will not call this an inflammation—they call it a fever; and for curing this fever, they exhibit emetics, purgatives, bark, wine, and stimulants."

In the 14th and 15th chapters of the second part of M. Monfalcon's work, the doctrine of fever is discussed in a way which is calculated to give the English reader a clearer idea of the new physiological doctrine than any thing that has yet appeared in an English dress. On this account, we shall present them with a condensed translation of these chapters, and trust they will not consider it lost time in perusing and reflecting on this important topic.

The 15th chapter (p. 294) commences with the question—"*are fevers general or local diseases?*" He first states the arguments brought forward by those who maintain the existence of idiopathic fever; then the physiological doctrine—and, lastly, gives his own judgment in the case.

1. THE ENTOLOGISTS* say that fever is a general affection of the whole system. Look at the symptoms. You see *several* functions disordered from the very commencement—and *all* ultimately deranged. In short, one of the characters of fever is to have its seat constantly multiplied. In one case we see the brain, in another the lungs, in a third some of the abdominal viscera bearing the principal onus of the disease. The febrile movement not only precedes, but often survives any local affection.

But in dissection we find, in a certain number of bodies, the mucous membrane of the stomach or bowels presenting redness, thickenings, or even ulcerations. Hence the exclusive doctrine of the school of Broussais, that the phenomena of fe-

* We think the supporters of the new doctrine, that fever is an inflammation of a particular part—in short, that it is a *thing* on which we may put our finger, as it were, are more entitled to the denomination of *entologists* than those who maintain fever to be an assemblage of symptoms resulting from a general affection of all the organs and their functions.—*Ed.*

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ver are the result of local irritation. But, say the Entologists, this theory is untenable. In many cases where patients have died of fever, the mucous membrane of the stomach and bowels is found perfectly natural. In many other instances, only a slight redness, of a very equivocal nature, is perceived—and finally only a small number, comparatively, present unquestionable traces of inflammation—an inflammation which we have more reason to think a consequence, than a cause of the fever. How then are we to believe in the existence of inflammations which leave no trace after death? Do we find this the case in other and common inflammations? No, certes. Again, the redness which we often see on the surface of the mucous membrane, after death, may be produced by the *stasis* of the blood in the vessels, *in articulo mortis*—in short, it may be a purely cadaveric phenomenon. Such appearances have been seen in men who have been killed by falls when in perfect health—in criminals after execution—in dogs who had been submitted to physiological experiments. Was it to be supposed that these men and animals had gastro-enteritis? Further, if we admit these rednesses on the mucous membranes to be the cause of the febrile phenomena, what a tremendous disproportion do we observe between the cause and the effect. Many have died with most violent symptoms, where only a slight redness could be seen on the mucous membrane, while others have died with symptoms of extremely feeble irritation, and, on dissection, have presented enormous ulcerations in the stomach and bowels. Where then is the proportion between the supposed cause and effect?

But it may be asked—"how come these red patches, inflammations, or ulcerations, in the mucous membrane of the bowels?" To this the Entologists answer that, in fever, the appetite is lost, and the function of digestion impaired, or altogether destroyed. Whatever matters, therefore are lurking in the primæ viæ, would undergo the chemical decompositions that take place out of the body, and thus many sources of irritation, or even inflammation, would be formed. Add to this that, in fever, all the secretions, salivary, gastric, intestinal, biliary, perspiratory, and even the urinary, are depraved, and, consequently, the mucous membrane of the stomach and bowels is liable to be acted on by the acrimony of its own disordered secretions.

In the new, or physiological system, the cause of adynamic fever is always placed in the gastro-intestinal lining:—and yet, in a great number of these cases, there is no pain in the abdomen or epigastrium, even when considerable pressure is made

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on those parts. Can the stomach or intestines be inflamed without tenderness on pressure?

Look at the treatment of these pretended gastro-enterites. Although the practice of stimulation may have been carried (and no doubt it was so) to an extravagant length, yet every man must have seen numerous cases of typhus and other adynamic fevers treated, from first to last, with wine, bark, and other stimulants, and yet with very frequent recovery. Is it possible that any case of inflammation of the stomach and bowels could have recovered under such treatment?

But granting, for the sake of argument, say the Entologists, that putrid and adynamic fevers are sometimes, nay, often, dependent on inflammation of the gastro-intestinal lining membrané, what can be said of *intermittents*, in which there is a clear apyrectic period every second day. If these also be cases of gastro-enteritis, ought they to be cured by the administration of sulphate of quinine or arsenical solution, taken not only in the apyrectic interval, but during the very height of the paroxysm? What kind of inflammation must that be which explodes, as it were, the moment the clock strikes a particular hour, and vanishes the moment the clock strikes another hour —and this for days or weeks together? What kind of inflammation (we would ask) is that which, every second day, terminates in a *profuse perspiration* from head to foot, and yet is renewed, after an interval of 48 hours, with the symptoms as before, and so on? Do we see real and unequivocal *inflammations* pursue this course? Never. Are the causes of these *intermittent phlegmasiæ* (if such an expression be not a solecism in medical language) of a periodical or intermittent nature? No. They do not accomodate themselves to any particular theory.*

* One or two of the arguments on the above side of the question have been furnished by ourselves; for although we allow Monfalcon to be, upon the whole, a fair propounder of the arguments on both sides, it will soon be seen that he is the advocate of the Broussaian school. It is, therefore, incumbent on us to counteract this bias of our author, by fully developing the cause of the Entologists, and detecting the fallacies or sophistries of the new school.

We shall add one more objection to the gastro-enteritic doctrine, before we close the Entologic arguments. The school of Broussais say, that fevers are *caused* by irritation and inflammation of the mucous membrane of the stomach and bowels. Now, we appeal to the clinical experience of our brethren, whether, in the great majority of fever cases—typhus, for example, the bowels are not more inclined to be torpid, and with difficulty acted on by purgatives, than irritable or relaxed. We ask, would this be the case if gastro-enteritis were invariably the pathological condition of the parts? —*Rev.*

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2. The Doctrine of Broussais and his disciples is propounded and enforced with all the zeal, energy, and talents, which that celebrated school can bring into the field.

We can, say they, present the most convincing proof of the truth of our doctrines, in the constantly increasing number of disciples, and of converts to our cause. Pinel, the Entological chieftain, now says, that he attaches to each order of his fevers a local irritation as the cause. Some of his disciples claim for Pinel the honour of being the original discoverer of the new Physiological doctrine. "In this respect, (says the modest and unassuming Monfalcon, as advocate of Broussais) our cause is completely triumphant. The fevers considered idiopathic, or general affections of the whole system, before the time of Broussais, no longer appear so *to any but vulgar practitioners, blindly attached to their superannuated ideas, by routine, senility, or the habit of irreflexion.*" 303.*

But to facts. "If (say the new school) fevers were general affections of the whole system, how is it that they leave traces of their existence in the abdominal viscera *only.*" "If these idiopathic fevers are capable of producing inflammations, how is it that the peritoneum, the pleura, and the lungs escape."† Again, it is plain that fever produced by gastro-enteritis may be easily mistaken for a low or adynamic fever, since the Entologists themselves cannot distinguish the fever resulting from inflammation of the brain, lungs, or other vital organ, from their pretended idiopathic fevers.‡

Death, say the Broussaians, is not the result of the local disorder caused by irritation. To calculate the danger of an inflammation by the extent which it occupies, or the organic change which it leaves, is to err against the soundest laws of physiology. A disease is dangerous only in proportion to the

* Such is the mild and modest, and ingenuous set out of Monfalcon. But, if such be a true state of the case, where is our author's wisdom in arraying in frowning order of battle, the whole of the illuminati of the profession, against a few vulgar, superannuated, and unreflecting practitioners? This is killing a butterfly on a wheel with a vengeance! But Monfalcon by no means holds these despicable antagonists so cheap as he pretends to do.—*Rev.*

† We deny the facts, or rather the fictions, contained in the above passage. The inflammations in fevers are not confined to the abdominal viscera, and especially the mucous membranes of the intestines. We assert that, taking the average of a thousand dissections of typhus fever, there will be found traces of inflammation *as often* in other parts of the system as in the said mucous membranes.—*Rev.*

‡ This again we deny. With the exception of phrenitis, no observant practitioner will confound the symptomatic fever of other inflammations with that of typhus for example.

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nature, number, and intensity of the sympathetic disorders occasioned by the local phlegmasia. The latter may be very circumscribed, and yet its influence on the animal economy may be shewn with frightful energy. A man dies of putrid fever—his body is opened—some patches of redness are found on the gastro-intestinal mucous membrane! Assuredly the fatal issue is not to be attributed to these patches of redness. But the local irritation has acted violently on the brain, the lungs, the heart—and these sympathetic disorders were the cause of death. These disordered functions of distant organs often destroy life before the local cause of irritation has had time to produce any change in the parts affected that could be appreciable after death.*†

In other cases, the constitution has power to resist the first storm of the sympathetic disorder, and the patient dies at an advanced period of the local affection. In such cases, we find a corresponding advance in the said local affection, amounting, sometimes to extensive ulcerations, Death supervenes at various intermediate epochs between these two extremes, according to the degree of nervous susceptibility in the individual. That death (say the school of Broussais) should take place in adynamic or low fevers, before the gastro-enteritis should have time to form so as to leave traces of its existence, is no more wonderful than the fact which we every day witness of death from pleurisy or peritoneal inflammation, where dissection can detect no trace of inflammation in the said pleural or peritoneal membranes.‡

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* No objection can be made to these statements. But, if we were to admit the explanation which follows the above passage, and which we have marked in Italics, then there would be an end to all argument, for proofs by symptoms and by dissections are of no use.

† If we admit such airy doctrines as these, it must be against the celebrated maxim—" de non apparentibus et non existentibus eadam est ratio." And to what does this doctrine amount, after all? The miasm of typhus, or plague, or marsh fever, is received into the stomach, and there produces a local irritation. This local irritation produces a general affection or fever, through the medium of the brain or nervous system, which *general disorder* destroys life even before any inflammation has arisen in the original seat of the miasm. Is it not evident that this general fever, when once kindled up, becomes independent of the original local application of the poison, in the same way that the variolous fever and eruption become quite independent of the original inoculation in the arm, or introduction into the stomach of the variolous poison? In this respect we might subscribe to the doctrine of Broussais, provided he could prove that the mucous membrane of the digestive tube was *always* the first recipient of the febrific miasm or cause.—*Rev.*

‡ Here is another Broussaian fact, of every day occurrence, (as it is said) which we deny. We have never seen a fatal case of pleuritis or peritonitis

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The red stripes or spots (they observe) which are seen in the bowels of those who die of idiopathic fever, are the result of inflammation, and not a mere mechanical stasis of the blood. If they have been seen in the bodies of men and animals suddenly destroyed, why should not these men and animals have been labouring under gastro enteritis at the time of their death? "Pourquoi les uns et les autres n'aurent-ils pas eu une gastro-entérite au moment où ils ont perdu la vie?" Men condemned to death are assailed, of course, by the most depressing passions, and frequently have recourse to the intemperate use of drink after condemnation. It is not unreasonable, therefore, to suppose they may be affected with *gastro-enteritis* at the time.*

It is too late in the day for the Entologists to say that the contents of the primæ viæ, and the secretions of the abdominal viscera, become vitiated and changed in fever. There is no such thing. "La fièvre ne saurait changer directement la composition de nos liquids.†"

But, say the Entologists, in a great number of putrid fevers there are no abdominal pains—no tenderness on pressure. Thanks to M. Broussais, who has solved this pathological problem. He has proved that the intestines possess very little sensibility. "Il a demontré que les intestins possédaient fort pue de sensibilité." 311.

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without *post-mortem* marks of the inflammation. If others have seen such cases let them state them. We believe, indeed, that such a *painful impression* may be made on the *nervous system* of the stomach, or other very sensible part, as to suddenly destroy life, leaving no cognizable change in the part:—but this is a very different thing from inflammation.—*Rev.*

* There is no resisting the ingenuity of such arguments. They might have added that animals destined to be killed for the purpose of physiological experiments, have a wonderful foresight of their fate—undergo the most melancholy moral reflexions—and, no doubt, commit great excesses in strong drink under such circumstances. Hence the *gastro-enterites* that are observed in them on dissection.

† It is really amusing to observe the assertions made by the school of Broussais in the teeth of facts and experience. If there be such a thing as a truth in medical science, it is this vitiation of the secretions during the febrile state. Who has ever examined the excretions of fever-patients and not come to this conclusion? What is the cause of the good effects of purgatives in fevers, but the constant removal of unhealthy secretions, and the excitement to healthy ones. Why again, we would ask, are these phlogoses and ulcerations so much more frequently found in the mucous membrane of the intestines in France than in England, where (England) so much purgation is employed? If these phlogoses were the causes, not the consequences, of the fever, should they not be increased, rather than diminished, by the purgatives administered in this country? Yet the contrary is the case.

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Again. The most intrepid of our adversaries, say the Broussaians, dare not compare the success of their practice with the success of ours.* No scourge has been equal to the abuse of stimulating medicines in the treatment of the pyrexiæ—they have destroyed more than the plague itself. Brunoneanism is a destructive monster that cannot be too soon annihilated.

As for intermittent fevers, they are not the rock on which the "doctrine physiologique" must split. These fevers differ from those of the continued form only in the mode of their development. They arise from "gastro-intestinal *irritation*," which makes all the difference. Why should not the mucous membrane of the digestive tube be subject to *intermittent irritations* as well as the serous, fibrous, and cutaneous structures? Nothing is more common than to see intermitting fevers converted into remitting or continued fevers, and *vice versa*. Is it, therefore, necessary to suppose that, in these conversions, the seat of the disease has changed its place?†

Pathological anatomy proves the identity of intermitting and continued fevers. The same post-mortem appearances are found in both, though not so frequently in the former as in the latter. As to the *type* of a fever, it is nothing. "Peu importe le type d'une pyrexie." What is its proximate cause? Why have we those intervals of health between the paroxysms of an ague? This is a problem which we cannot at present

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* It has not only been compared—but it has been confidently asserted, from authentic hospital returns, that the success of the new practice is inferior to that of the old. Considering, however, the errors into which the Brunonians were led by their prodigality of stimulation in fevers, we might safely admit the superiority of Broussais's practice, without at all subscribing to the truth of the doctrine on which it is founded. Many a time, in the history of medicine, has a false theory directed a safe practice. But, although we admit (and we do so cheerfully) that the practice of Broussais is infinitely safer than that of Brown, it does not follow that it is the best practice. To treat fever *always* as a local inflammation will be the way to consign many a patient to the grave, who might be saved by a more enlightened and a less exclusive doctrine. We maintain that inflammation does *not always* exist in fever—and, consequently, that eternal leeching is not *always* necessary;—on the other hand, we maintain that, when actual inflammation of an internal organ obtains, (whether as cause or effect) the practice of *leeching* and *eau sucrée* is not *always* to be depended on.

† No. But as you have not proved that the seat of the continued fever is in the mucous membrane of the digestive tube, this reference to continued fever is of no use. Granting that the malaria of Walcheren (for instance) made its first impression on the stomach, and thence produced the phenomena of the fever. That fever became independent of the miasm that first produced it, else, how did it happen that the fever came on at intervals for many years afterwards, when the soldiers were in other and healthy countries?

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solve. "Each attack of an ague does not constitute a pathological condition, (etât pathologique) independent of those paroxysms which have preceded and shall follow it. A manner of being, unknown as to its nature, permanent during the apyrexia, connects the paroxysms together, and renews them without the assistance of the action of the irritating cause." "Une maniere d'être inconnue encore dans sa nature, permanente pendant l'apyrexie, les lie, les rappelle sans le concours d'action de la cause irritante."*

In respect to the stumbling block of intermittent fevers being cured by bark and stimulants, though their cause is gastro-intestinal irritation, it is easily got rid of. These tonics are only given during the intermissions when the irritation does not exist, and they, by some means which we are ignorant of, (and which, by the way, it is a vile shame they should ever have exhibited—*Rev.*) prevent the return of the gastro-intestinal irritation.

3. Having now set both sides of the question before his readers, M. Monfalcon unequivocally declares himself "entirely in favour of the new physiological doctrine." At the same time, he does not seem quite easy about some of its parts. He says it is not yet perfect. It has a little exaggerated the attributes of the stomach, at the expence of the brain, and perhaps of some other organs. It has too often, and to too great a degree, merged all organism in affections of the mucous

* This is an important passage, and upon it we shall ground the final overthrow of the new doctrine. By this passage we learn that, although the first paroxysm of an intermittent, which, we will say, takes place on a Monday, is owing to a *gastro-intestinal irritation*; yet that the second paroxysm, on the Wednesday, may take place quite independent of the action of the irritating cause—that is, independent of the *gastro-intestinal irritation*—and that in consequence of "a manner of being, unknown as to its nature." Now we ask the Broussaian school, why may not the first paroxysm occur in consequence of this "manner of being," which obtains during the incubation of the marsh miasm, that is, during the interval between its reception and manifestation in the system, as well as the second paroxysm? What proof do they offer that the Wednesday paroxysm acknowledges a cause different from that of the Monday? And so it is with typhus and many other fevers. Contagion, or other febrific cause, is received into the system—an interval or period of incubation takes place—then the fever is developed in a continued, remittent, or intermittent form, totally independent of the original impression of the poison, on whatever part it first came in contact with. That part, say the stomach, or any other part, as the brain, lungs, liver, &c. may, and frequently does, become inflamed in the course of the fever, but these local affections are no more the cause of the pyrexia, (though they aggravate it) than the inflammation of a small-pox pustule on the arm is the cause of the eruptive fever

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membrane of the stomach and bowels—in short, it is, says our author, like all other human productions, susceptible of improvement. "But still I maintain that there are no idiopathic fevers—and that all the pyrexiæ, continued or intermittent, are, *in their ultimate result*, a local affection—an irritation or an inflammation." "Mais il n'en est pas moins vrais qu'il n'y a pas de fièvres essentielles, et que toutes les pyrexies, continues ou intermittentes, sont, *en dernier resultat*, une maladie locale." The reader will see that there is something equivocal in the phrase *ultimate result*; for there is little doubt that few fevers, comparatively speaking, proceed to a fatal termination, without some local inflammation. It is this local inflammation which constitutes one of the principal sources of danger in all fevers; but this leaves the question still undecided, as to the local affection being the cause of the fever.

M. Monfalcon says that, by adopting this doctrine, we have much to gain and nothing to risk. We do not think so. There are numerous cases of fever which would be decidedly rendered more dangerous by the treatment proper in cases of inflammation of an internal organ. In fact, there is not a stronger proof of the baseless fabric of Broussaiism, than the want of conformity in the treatment of fever and inflammation. We repeat it, that he who treats both alike, in the general run of cases, will either do too much in fever or too little in the phlegmasiæ. At the same time, we are ready to allow that Broussaiism is preferable to Brunonianism. On the continent, especially, it has done much good, because the treatment there adopted for the phlegmasiæ is so very inefficient, compared with the measures employed in this country, that it can seldom do harm in common fever, and may often prevent the supervention of local inflammation. But, in this country, we have seen the practice adopted by the partisans of the phlegmasian doctrine of fever,* do infinite mischief—and render fevers that would have done well under mild treatment, extremely protracted, and sometimes fatal.

4. *Seat of Marsh-Fevers.* Marsh fevers, M. Monfalcon admits, are not always caused by *inflammation*—nor is the inflammation, when it does exist, always located in the mucous surfaces of the alimentary canal. "What physician," says he "of Sologne or Bresse, has not seen fever-patients in these

* In England, fever, it is said, has its domicile in the brain, and the treatment of real phrenitis is no milk and water practice here.—*Rev.*

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marshy districts, with the tongue clean, moist, and free from redness—free from thirst, and also from pain in any part of the abdomen, even on pressure?" In other cases, he observes, the affection of the digestive apparatus is very slight or entirely absent, and there is severe irritation or inflammation of the brain, or of some other organ. Our author quotes, with approbation, M. Jourdain, who says that marsh fevers depend on organic lesions of some of the viscera—but seldom on gastro-enteritis*—" that they are prolonged to an indefinite period, if opposed solely by antiphlogistic measures—nay, that they are aggravated by the antiphlogistic treatment." How any man in his senses could suppose that the *cause* of these fevers is inflammation, and yet that they are aggravated by *antiphlogistic* treatment, is beyond our conception! It is, however, not more strange than the argument of Dr. M'Lean, that, because he caught the plague in the Greek pest-house, the plague is necessarily *non-contagious!!*

The remainder of the work under review is on the HYGIÉNE and THERAPEUTICS of marsh-fevers—subjects which are better understood in this country than in France. We shall, therefore, take leave of our author at this point. We have combated such of his opinions as appeared to us erroneous, without detracting from his merits as a learned, an ingenious, and a zealous cultivator of medical science. Our unrestrained intercourse with the French metropolis produces annually a certain return of converts to the school of Broussais; and, as we conceive that exclusive doctrines are calculated to injure the best interests of medical science, we have taken this opportunity of exposing the weakness, not to say the dangerous tendency, of a theory which is epidemic in France, and spreading in this country.

II.

Observations on Extraction of Diseased Ovaria; illustrated by Plates colored after Nature. By JOHN LIZARS, Surgeon, author of the System of Anatomical Plates, &c. Folio, pp. 24, five coloured plates. Edinburgh, May, 1825.

WE have been false prophets—not the first, however, in the world. We expressed our disbelief of the successful removal

* Monfalcon and Jourdain seem to forget—or, at all events, they pass the fact unnoticed, that Ploucquet maintained this identical doctrine more

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of diseased ovaria; and this disbelief was founded on what we had seen in the examination of bodies—and what we had read of the operations themselves. When a diseased ovarium arrives at that size which requires an operation, we think there must be such adhesions to the neighbouring parts, as to render success, after an operation, next to a miracle. In respect to the recorded operations, it is to be observed that, previously to Mr. Lizars' case, none have been performed in this country—for the operation of Mr. Pott, as will be presently shewn, deserves not to be ranked as an extraction of ovarium from the abdomen. As to the operations said to have been performed in Kentucky, by Dr. Macdowal, we are as sceptical as ever. The details themselves bear intrinsic marks of Munchausenism. But further. How is it, we ask, that these cases were not published in America—and that they were only found eight or nine years afterwards among the posthumous papers of Mr. John Bell? Our American brethren are, we can assure Mr. Lizars, not at all behind hand in publishing their operations; nor is there any lack of vehicles for conveying exploits, like those under consideration, to the world at large. We regard the utter silence, therefore, of the operator, as a strong confirmation of our doubts respecting the authenticity of the operations.*

There can be no doubt, however, that the extraction of a diseased ovarium has now been performed with success in this country, and we hasten to communicate the information to our readers.

Various modes of treatment, Mr. Lizars observes, have been adopted for the cure of ovarian disease, of which there is great variety. Puncturing, and keeping open the orifice, so as to seize hold of the sac and remove it gradually, has effected a permanent cure—so, also, has the introduction of a seton. Lastly; gastrotomy and the entire removal of the sac has, it is said, been successful. L'Aumonier, chief surgeon of the great hospital at Rouen, is said to have extirpated the ovarium successfully, about 50 years ago; and some similar operations are recorded in Germany and France. "Mr. Pott extirpated first the one ovarium and then the other; but these appeared as tumours in the groins, resembling herniæ, *so that they did not require to lay open the abdomen.*" We pass over Dr. Macdowal's cases, as we have already commented on them in our number

than 20 years ago—and that it has since been recorded in the sister country by Dr. Mills.—*Rev.*

* See Vol. II. of this series, p. 216.

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for January, 1825, p. 216, and also Mr. Lizars' own case, where no tumour was found on laying open the abdomen. We, therefore, come to the main facts of the present publication.

Case 1. Janet J———, aged 36 years, unmarried, of sallow complexion, and possessing considerable muscular strength, was affected with an abdominal enlargement, resembling that of a woman in the eighth month of pregnancy. On examination, the abdomen appeared distended with a fluid and a large hard tumour, like a pregnant uterus, or extra-uterine conception. In one place the tumour was round, like the head of a fœtus, while, in another place, there was something to be felt like an elbow or knee-joint. "*The whole mass could be rolled from side to side, floating in a fluid.*" On examination, per vaginam, the os uteri could be distinctly felt, beyond which a tumour, like the head of a fœtus, and immoveable. Per rectum, the tumour is still more distinctly felt. The patient complains of pains in the lumbar and sacral regions, with considerable oppression of breathing. Her own history is as follows:—about six years ago, after exposure to cold, she was seized with severe pain in the back and violent vomiting, which continued for nearly six days. At this time she perceived a tumour in the right iliac region, about the size of a fist—at first immoveable, but, as it progressively enlarged, becoming more and more mobile. Her catamenia had been pretty regular, but scanty—bowels constipated. She has undergone two courses of mercury, and repeated courses of diuretics, without benefit. Of all the latter medicines, the supertartrate of potass has had the greatest effect in removing the ascites—but the tumour then only appeared more evident.

This poor woman, becoming miserable herself, and a burthen to her relations, implored an operation, to which Mr. Lizars at length yielded. This heroic procedure we shall record in the words of the operator.

"The day before the operation, she had a smart dose of the compound powder of jalap, which operated briskly. This day, Sunday, the 27th of February, 1825, at 1 o'clock, P. M. I began the operation, the patient being placed on her back, on a table covered with blankets, and the temperature of the room heated to 75° of Fahrenheit. The external incision having extended through the skin and adipose substance, from the ensiform cartilage to the symphysis pubis, a little on the left of the linea alba, I cautiously cut through the muscles and the peritoneum, near the umbilicus, making a small aperture into the latter, when the serous fluid flowed freely out, which was also collected by means of saucers and sponges: as the fluid ceased to flow, the wound was en-

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larged downwards. The whole measured about a gallon and a half. The wound was then enlarged upwards to the sternum, making that in the peritoneum correspond with the wound in the integuments; when the tumour appeared occupying the greater portion of the abdomen, and resembled the uterus in the eighth or ninth month of gestation, as represented in Plate I. I now laid hold of the tumour, brought it beyond the parietes of the abdomen, and gave it into the hands of my assistant, Mr. Macrae, as its weight threatened to drag the uterus; I then passed my fingers around the pedicle, which appeared the broad ligament of the uterus, soft, flaccid, and healthy, and about an inch and a half in length, the fundus uteri being elevated about an inch above, or atlantad to, the crista pubis. A ligature, composed of two strong threads, waxed, was next passed round this pedicle, and tied intermediate between the fundus uteri and the tumour, transfixing the pedicle between the noose of the ligature and the tumour, to prevent the noose slipping off. Lastly, I cut across the pedicle close to the tumour. During the progress of the operation, she complained of pain in the lumbar and sacral regions, which appeared to arise from the dragging of the tumour—a circumstance scarcely possible to be avoided, with all our care. My next object was to ascertain the condition of the uterus, as I was prepared to remove it had it been diseased; the uterus, however, was perfectly soft, and only a little enlarged. The other ovary was increased to nearly the size of the fourth part of the one removed, and was adhering on the right side to the parietes of the pelvis, and to the uterus, but comparatively free on the left side. While examining this, the gentlemen around me begged me to desist, in which I concurred, conceiving, that as the uterus was elevated above the brim of the pelvis, and the ovary not tied down by adhesions to the bottom of the pelvis, there might be hopes of its rising after the other had been detached, and that it might be extirpated afterwards. I now proceeded to bring the edges of the wound in apposition, by the employment of ligatures and adhesive straps; of the former there were seven, and of the latter nine, the wound itself being twelve inches. I regret that I employed so few ligatures, for, in wounds of the abdomen, they are particularly useful, to prevent any protrusion of the viscera, and to give support in all the motions of the abdomen during the cure. When the ligatures and adhesive straps had been applied, and the ligature encircling the pedicle carefully let out, compresses of lint and linen were put on, and the abdomen encircled with a shawl, as a binder employed after accouchement. This I found, in the former case, much more serviceable than a nine or twenty-tailed bandage, or stays, or any other fashionable dress. The thermometer in the room had by this time risen to 80°. I now laid my patient carefully in bed on her back, and considering that I had, to my own, as well as the satisfaction of all present, taken precautions against every risk of hæmorrhage, I left her to the care of her sister-in-law, with strict injunctions to keep her quiet, and to let her have only plain or toast-water. Apprehensive, therefore, only of inflammation, I requested an intelligent pupil, Mr. Milroy, surgeon,

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to call every two hours, and, on the least appearance of a rise in the pulse, or increase of pain, to abstract blood to fainting.

"The operation was finished about one o'clock; my pupil, Mr. Milroy, called between two and three o'clock, and found her sleeping, and doing well; I called myself within a few minutes to four o'clock, and met one of her relations on his way for me, as she was dying from loss of blood. I found the binder, dressings, and a considerable space of the sheets, drenched with blood, my patient scarcely able to articulate, her voice hardly audible, her face cold, and covered with clammy sweat, and the hands and feet equally cold, with no pulse at the wrists, and the arteries even of the temples scarcely perceptible; I instantly removed the dressings, cut the four lower or pubic stitches, separated the lips of the wound, removed several coagula of blood, traced the ligature to its source, found it firm and fast, and saw no oozing vessel, after repeated sponging: I therefore desisted, renewed the stitches and adhesive straps, and bound all up again. I appointed assistants to sit by her, with injunctions to examine the wound frequently, and to watch the pulse; the hands and feet were clothed with worsted stockings, and hot dressing irons applied, being previously surrounded with flannel. She remained low and exhausted, vomiting from time to time during the remainder of the evening, but began to gain strength about midnight, and turned on her right side, when she was relieved from the vomiting, and enjoyed some sleep.

"On Monday morning, she was very restless, complaining of pain in the lumbar and sacral regions, and feeling very thirsty; her pulse was so small and quick as hardly to be counted, her skin soft, and becoming warmer; her tongue a little furred and parched; there was no appearance of hemorrhage, but the binder and dressings were tinged with serous exudation coloured with blood, apparently the dropsical fluid. The urine was drawn off by the catheter. Low diet and rest enjoined. At mid-day the symptoms were improving, the pulse becoming fuller; but she felt considerable pain from the flatus in the bowels, which was not increased on full inspiration, or felt on pressure. Ordered essence of peppermint. About five in the afternoon, the pulse could be counted at the wrist, and beat 120 pulsations. In the evening she became very fatigued and thirsty, and complained more of the pain from flatus, the pain darting throughout the abdomen; but she had no pain on pressure, or taking a full inspiration. The skin was warmer, but the left arm and leg felt still cool; the pulse 127, and small; the tongue furred and parched. Urine drawn off, and the same injunctions repeated, with the administration of the peppermint. At midnight these flatulent pains were excruciating, and were relieved by the insertion of a glyster-pipe into the rectum, which allowed the escape of flatus. The other symptoms and appearances were nearly the same as in the evening. From this period, she slept at intervals during the morning, but, when awake, was excessively thirsty, which, when relieved with drink, immediately produced vomiting. She was less tormented with flatus, having been able to expel it from time to time; and she made urine naturally about

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six o'clock, to the quantity of ten ounces, which was very high coloured. The pulse varied from 120 to 136 during the night; and the bloody serous discharge continued to moisten the binder and other dressings.

"Tuesday morning, 1st March.—After passing a very restless night, she complained of great pain of the abdomen, in consequence of flatus, on the expulsion of which she was immediately relieved; pain was not felt on pressure, or increased by drawing a full inspiration: she complained also of excessive thirst, which, when quenched with water, plain or toast, was generally rejected. Skin comfortably warm; pulse 130, soft, and not very weak; tongue furred. In the course of the forenoon, she had a severe fit of coughing, which produced great pain in the abdomen, and caused a bloody discharge from the wound; but on examination, it was found to be deep coloured serum: it produced no faintness, or any difference in the pulse. Slept at intervals during the day, and lay tolerably quiet.

"Wednesday.—Had passed a good night, and seemed much better. Pulse 130; skin warm and soft; tongue still furred. Allowed tea, coffee, gruels, and panada.

"Thursday.—Slept soundly at intervals, and the symptoms much alleviated; was, however, occasionally very restless during the night; pulse 126, fuller and stronger; skin warm and soft; tongue cleaner. The serous discharge continued profuse. On looking at the upper part of the wound, it appeared united, and no suppuration; all was therefore left alone.

"Friday, 4th March.—Had passed a good night, and in the morning had a laxative enema administered, which operated well, and gave her great relief. Felt easy, and much less thirst. Skin warm and soft; pulse 126, stronger, fuller and softer; tongue cleaner. The wound was dressed, by changing the adhesive straps and lint: it looked extremely well, being united from one end to the other, with no inflammatory appearance; and the abdomen was soft and flaccid. She found, whenever she turned on her back, however favourable this position was to the adhesion of the wound, that she instantly vomited; she was therefore allowed to remain entirely on her side, and the right she found to be the easier.

"Saturday.—Had a good night's rest. Pulse 120, and the other symptoms as yesterday. The serous discharge much diminished, and the wound looked well. Ordered half an ounce of castor oil.

"Sunday.—Physic operated gently, producing two copious evacuations. Passed a good night, and felt much better. Symptoms and wound as on the preceding day." 13.

Having passed through the first week, we need not detail the symptoms any farther. The last report is dated 9th of May, at which time the ligature had not come away. She had been daily mending for some time previously, and was able every day to get out of bed and walk about the house.

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Case 2. Isabella C———, aged 25 years, of spare habit and sallow complexion, was first seen by Mr. Lizars on the 13th March, labouring under cholera, and so weak that he scarcely expected her to recover. On feeling the abdomen, a large tumour was observed presenting the appearance of a sixth or seventh month utero-gestation. In a few days she had so far recovered as to be able to sit up, and was very cheerful. She earnestly requested that some operation might be performed for her relief, as she had become a burthen to herself and family. In consultation with Dr. Campbell and Mr. Christie, our author determined to operate, on Tuesday 22d March. The history of her case, as given by herself, is shortly as follows: while a servant in the north, she was one night, in January 1824, awoke with a violent pain in her right side, which continued severe till the following evening, notwithstanding laudanum internally and externally applied. In the following March she was seized in a similar manner, after which she felt her belly somewhat swollen. She had a third attack in May, and a fourth in July; after the last of which a tumour was distinctly felt in the abdomen. On consulting several gentlemen in Edinburgh she was told that she was pregnant. She continued as a cook in one of the hotels till November 1824, generally attacked once a month in the manner described. The tumour daily increased, but she remarked that it was commonly smaller in the mornings than in the evenings. Excepting during these attacks, her appetite was good, and her spirits cheerful, in spite of all the taunts of professional and unprofessional men. In this way she went on till the 13th March 1825, the time at which Mr. Lizars first saw her.

Operation, 22d March, 1825. The room being heated to 75°, an incision was made from the sternum to the symphysis pubis, first through the integuments, and next through the muscles and peritoneum. Mr. Lizars then began to insulate the tumour, which was found adhering so strongly to the parietes of the abdomen, to the colon, and to the brim of the pelvis, that he despaired of being able to detach it. By dissecting, however, at one time, and tearing cautiously with the fingers at another, he succeeded in insulating a large mass of a dark brown colour, weighing upwards of seven pounds, and to his joy, having a pedicle only the thickness of the little finger, and between one and two inches in length. Giving this enormous mass to his assistant, Mr. Macrae, he passed a ligature round its root, and tied it firmly, then cut it across close to the tumour, securing some open-mouthed vessels of the pedicle. During this time,

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Dr. Poole kept the omentum and intestines enveloped in a warm wet towel. He now stitched up the wound, applied straps of adhesive plaister and other proper dressings, with a shawl over all. The operation was performed a little after one o'clock. At 2, the patient was extremely restless, with great pain in the wound, and pulse at 80, full and strong. At 3, same state, pulse 90 and full. At 4, the pain was abated, but the pulse had risen to 104, still very full and strong. At 5, the pulse 108, complained only of pain in the wound, and felt none on pressure of the abdomen. At 9 P. M. complained of pain in the bowels, which was increased by drink. Between this and 5 in the morning, she enjoyed some sleep, and the pulse fell to 70 in the minute. At 9 in the morning, the pulse had got up to 100 and full. At 10 A. M. the pulse was 104—bled to 14 ounces, which produced syncope. The pulse fell to 84. At 2 P. M. she had had some sleep. She is now teased with eructations and vomiting, with considerable pain—pulse 124, regular and strong. Twelve ounces more of blood abstracted —which produced syncope and some relief. At 8 P. M. the pulse 140, but she feels better, and has had some sleep. She expired at 7 o'clock the next evening.

"*Dissection.* On cutting the stitches of the wound, it was found adhering in some points, particularly at the upper or sternal part; at the lower part, a little serum and purulent matter issued out; and, on reflecting back the parietes of the abdomen, the omentum and intestines were found adhering to the neighbourhood of the wound. The peritoneum investing the parietes, which adhered to the tumour, and also those portions of this membrane investing the colon and small intestines which adhered to the tumour, were of a bluish black appearance, and tore with ease under the fingers, being evidently gangrenous. Small patches of inflammation were observable in other parts of the intestines, particularly the colon. In the pelvic cavity, there were a few ounces of serous fluid, with flakes of coagulable lymph floating in it. The pedicle was then seen to be the broad ligament of the uterus, and the uterus itself was found perfectly healthy; the other ovarium was of its natural size, had a coating of coagulable lymph, but was tolerably firm when bisected; the fallopian tube was turgid and red in the colour." 18.

Case 3. Magdalene B——, an unmarried woman, aged 34, observed, about six years previous to report, a tumour, the size of a hen's egg, in the right hypogastric and iliac region, without pain. Six months afterwards she received a fall, and then the pain became very severe, and the tumour rapidly increased in size, so as to compel her to go into the Infirmary of Edinburgh. From this she was dismissed, after some time, and was under the care of private practitioners. She had undergone a course

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of mercury, and was so far relieved as to be able to return to service, where she remained about half a year. The tumour, however, increased rapidly in size, accompanied by occasional suppression of urine, and she was forced to leave her place.

"The first time I saw her, the abdomen was fully larger than that of a woman in the ninth month of gestation, and felt hard and firm, so that I considered the tumour, from its immobility, to be strongly adhering to the parietes of the abdomen; and hence that it was an unfavourable case for operation. Her health, however, was good, she had considerable muscular strength, had a healthy countenance, a good pulse, regular bowels, but the catamenia stopt; and having entreated earnestly that something might be done, as she became less able to assist herself or her family, the 24th of April was fixed for the day of operation. On the day preceding she took a cathartic.

"The day was remarkably cold for the season, for although a large fire had been put on by seven in the morning, the thermometer had arisen only to 66° by one o'clock. When the heat of the room had arisen to 70° of Fahrenheit, which was between one and two o'clock, a longitudinal incision was made through the integuments, from the sternum to the pubes: at the sternal extremity the peritoneum was wounded, and one finger of the left hand was here introduced, then another, and the peritoneum laid open to the pubes: the same was then done upwards to the sternum, when a multiplicity of convoluted vessels presented themselves of various magnitude, from the thickness of a finger to that of a crow's quill. At first I thought them the intestines, for they appeared extremely fleshy; then I imagined them the blood-vessels of a placenta, which they still more resembled; indeed, such was their resemblance to the vessels of that organ, that the same idea struck one and all the gentlemen present. On minute examination, however, they were found to be the blood-vessels of the omentum majus, enormously enlarged, running on the surface, and into the substance of the tumour, which appeared an enlarged ovarium. Finding that it was impracticable either to dissect these vessels from the surface of the tumour, or to secure them, in consequence of their great number, I abandoned the idea of extirpating the mass, in which decision I was supported by the gentlemen present; I therefore punctured with a large trocar and canula the centre of the tumour, but nothing flowed; I next made a small but deep incision with a scalpel, when the tumour appeared solid and cartilaginous, and a vessel bled a little: I lastly punctured the lower part of the tumour, being anxious to reduce its bulk, but only pure blood flowed. The lips of the wound were now approximated and stitched; adhesive straps applied, compresses of lint and linen, with a shawl as a binder, and the patient carried to bed. This operation was performed in the presence of James Dease, Esq. Surgeon to the forces; Drs. Poole, Campbell, and Millar; Messrs James Scott, George White, and many other surgeons and students." 20.

The details of the after-treatment are too tedious to notice

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here; but it may be sufficient to say that the patient recovered from the operation, the original disease remaining the same.

We have now put our readers in possession of the main facts of the present publication. Of the three cases now detailed, and the one formerly stated, in all, four in number, we find that in the first case, no tumour could be discovered—in the second, the operation was successful, up to the date of report—in the third case, death was the consequence—and in the fourth, the operation could not be continued, after laying open the abdomen. These results are not very favourable to the repetition of such operations, although the successful termination of one of them proves the possibility of the operation under particular circumstances. These circumstances are what were witnessed in case No. 1:—namely, the completely detached state of the tumour, growing from a small pedicle. Such favourable circumstances are not likely often to exist—for we find the adhesion of abdominal tumours to the neighbouring parts an almost general occurrence. The operations detailed do great credit to the intrepidity of the operator, and he deserves our meed of praise. Still we are not altered in our opinion respecting the policy, not to say the propriety of similar operations in future. The plates, as might be expected, are executed with great ability.

III.

Dr. Ratier on the Hospital-Practice of Paris.

[Concluded from p. 111.]

HÔPITAL DES ENFANS.

THIS establishment is exclusively appropriated to the treatment of young persons under sixteen years of age, whatever be their sex or disease. Drs. Jadelot and Guersent are the physicians, and give lectures on the complaints peculiar to children. M. Baffos, senior, has charge of the surgical wards, in which any thing very interesting seldom occurs. Individuals having chronic affections, scrofula, tetters, and itch, are placed in separate apartments from those suffering from acute diseases. Itchy patients are treated by the *brothers Mahon*, who have been authorized to make experiments under the inspection of the physicians of the establishment; and we are gravely informed by M. Ratier, that the results appear to be—"assez avanta-

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geux!" Here then is a picture of quackery doling out nostrums *by authority*, and superintended by men whose unhallowed heads had been crowned by the "Bennet d'Hippocrate!" O though greatest city of the GREAT NATION, how art thou degraded!

According to M. Ratier, the practice of Dr. Guersent is extremely simple and rational: he attaches great importance to the investigation of symptoms, and never employs "energetic medication" but with particular caution, being persuaded that Nature never has more resources than during the age when the organs have scarcely yet exercised their functions; *i. e.* in infancy and early youth. Observation of the sick children, and numerous researches in pathological anatomy, have convinced Dr. G. that inflammations form by far the greatest part of juvenile diseases: Dr. Jadelot seems to entertain similar sentiments: we give a summary of the treatment usually instituted by the last of these physicians.

Long before the revolution in medicine, (in France, of course,) relatively to essential fevers, Dr. Jadelot was led, by his experience in the management of infantile diseases, to ascribe a more precise seat to these affections; and now refers a great number of fevers to isolated or manifold inflammations within the abdomen, the chest, or the head; he is also satisfied that the proportion of these in the former cavity is by much the most considerable. He has no peculiar views regarding intermittent fever, but merely modifies the ordinary treatment according as he perceives, in the middle of the general disorder, a distinct alteration of function in one or more organs. In this way he employs, with incontestible success, a mixed practice, *i. e.* antiphlogistic remedies directed upon the parts that appear to be the seat of irritation, and, at the same time, bark alone, or united with camphor, in lavements. Almost every affection removed from the class of fevers, has been referred to that of the inflammations; and, in consequence of this, they have been studied with more care, and the treatment better adapted to their seat and their nature, has become shorter and more successful. Dr. J. we learn, was among the first to acquire positive knowledge regarding the phlegmasiæ, and especially those of the alimentary canal: he created, so to speak, new modes of recognising them, and arrived, by the sole inspection of the countenance, at an accuracy of diagnosis truly remarkable.

In small-pox Dr. J. is particularly solicitous about discovering the various affections which, either in a manifest or latent manner, may be complicated with the disease; and, by the existing circumstances, is guided in modifying his treat-

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ment. When a violent angina supervenes, he prescribes antiphlogistics and the most energetic derivatives, without regard to the period of the eruption: on symptoms of gastric irritation arising, he combats them by appropriate means, under the persuasion, that thereby the eruption will be much facilitated. In bad cases, he has recourse to excitants, and even to internal tonics, both by the mouth and by injection. During the period of suppuration, he recommends evacuating the matter contained in the pustules, especially when there are confluent groups, by opening them with the point of a lancet, or clipping off their tops with scissars, and wiping away the discharge with fine linen. In the convalescent state, he finds benefit in the use of tepid baths, either simple or emollient, for hastening the separation of the crusts and restoring the cutaneous functions.

Measles, more frequently than small-pox, presents a complication of inflammation, either "mucous or parenchymatous," of the thoracic organs; and this complication requires as much, or even more attention than the principal disease. In such cases, Dr. J. is in the habit of adding to the usual antiphlogistic remedies, warm hand-baths, made more active by an admixture of vinegar, common salt or powdered mustard, for the purpose of diminishing the pulmonary congestion. He ascribes a sudden suppression of the measly eruption to the development of inflammation in some other part of the economy; and he attacks this new phenomenon with a degree of energy proportioned to the danger to which the child is exposed. If the eruption still fail of re-appearing, he has recourse to vapour-baths, or dry frictions, or the excitement of irritating liniments. Dr. J. never hesitates in prescribing tonics and stimulants, both internally and externally, when the eruption becomes imperfect by reason of constitutional debility. He restricts convalescents to a very severe regimen; and, to such, very rarely exhibits purgatives: when these are requisite, the mildest are preferred.

Scarlet fever is treated by Dr. Jadelot nearly in the same way as measles: he recommends examining the throat assiduously, for the purpose of anticipating the first movements of the gangrenous angina, with which this kind of fever is liable to be complicated.

Whether it be consecutive to scarlet fever or manifests itself independently of any precursory disease, the gangrenous angina *(putrid sore-throat)* is regarded by Dr. Jadelot as being identic. On the first appearance of this affection, when it is usually inflammatory, he employs a purely antiphlogistic system of

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treatment: but, so soon as he observes broad whitish specks on the posterior surfaces of the mouth, accompanied with signs of general debility, he instantly directs the application of sinapisms to the feet, injections of the decoction of bark into the throat, cataplasms of rice-flour made with the bark decoction, and moistened with aromatic vinegar at the moment of being applied under the jaw, together with lavements, consisting of camphorated decoction of bark, fumigation of the throat with vinegar, and demulcents. He also promotes the action of the cataplasms of bark, by frictions with the ammoniated liniment. Sometimes, but very rarely, he has recourse to tonics, internally administered.

Inflammation of the mucous membrane of the respiratory passages is so much the more dangerous, says our author, as its seat is nearer the larynx; and Dr. Jadelot is announced as being the first who succeeded, "by an attentive examination of the patient," in discovering the precise seat of the malady. This, of course, is of immense importance with regard to the treatment, which ought to be conducted with an activity and promptitude proportionally great, according as the angina is laryngeal or tracheal, and still more so when the wind-pipe is universally inflamed. This treatment, suggested, no doubt, by the doctor's discovery, consists of leeches to the anterior surface of the neck, sinapisms on the lower extremities, laxative or purgative lavements, and emetics generally of ipecacuan in powder or syrup: he gives the latter to feeble, unexcitable patients, after having subdued the inflammatory symptoms by local bleeding; in such cases, he induces vomiting frequently and at short intervals.

Dr. J. considers croup as a kind of angina of the windpipe, the true angina having more violent symptoms, and being characterised by decided paroxysms, separated by distinct remissions. He admits different degrees of the disease according to its intensity, without changing his opinion of its nature. Abstraction of blood, with leeches and emetics, are his most common means of treating croup: vomiting alone often succeeds in repressing it in weak, pale, flabby children; but, in those of opposite constitutions, he invariably applies leeches, and encourages the subsequent discharge of blood, till such time as the patient becomes pale and the pulse feeble. If the bleeding after leeches be too soon stopped, there is a danger of the disease reviving, and thus requiring a repetition of the same means. After the bleeding, Dr. J. prescribes vomiting, to be several times repeated, at intervals of two or three hours; and this practice, says M. R. is followed with the greatest advan-

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tage, for the young ones are relieved by the effects of each emetic. When croup has past into its second stage without interference, and there is reason to suspect the presence of a "false membrane," the doctor still begins with leeching; but, so soon as the animals drop off, he instantly proceeds to induce vomiting; and, for this purpose, employs the "anticroupal potion," *(syrup of ipecacuan, oxymel of squills, and tartrite of antimony, in an infusion of rattlesnake-root,)* in graduated doses, at the end of every ten or fifteen minutes till vomiting supervenes. At the same time, he employs the action of derivatives on the skin and intestinal canal, and also endeavours to excite sneezing.

"When the progress of croup is very rapid, whether ought we to begin with bleeding or vomiting," is a question of M. Ratier's! Dr. Jadelot is of opinion that we should bleed first, if the child is robust and there are symptoms of congestion in the superior parts, (the head we presume.) On the contrary, we should commence with inducing vomiting; but afterwards have recourse to leeching, when the patient is pale, "comme aneantis," and there is little heat and fever. In a paragraph, which we do not profess to understand, it is said, that Dr. J. administers sulphate of potass in croup, especially when it is very inflammatory, and, sometimes, in the opposite circumstances: he varies the doses, but limits the quantity to half a drachm in the twenty-four hours.

From a multitude of observations, Dr. Jadelot has been led to conclude, that chin-cough consists in the inflammation of the bronchial tubes, by which ordinary catarrhs are distinguished, and that this is accompanied by a particular lesion of the nerves. Hence, he treats the disease with sanguineous and other depletions, using, at the same time, narcotics internally and applied to the chest, with derivatives, such as sinapisms, so modified as to produce slight redness, and frequently repeated. He likewise derives advantage from frictions of the arms and surface of the chest with acetic ether. His narcotic cataplasms are moistened with a drachm of laudanum, or a solution of the extract of opium: he obtains good effects from blisters, in the last stages of the disease.

In acute hydrocephalus, Dr. J. recognises a gastro-intestinal irritation which manifests itself at the outset of the disease, and, in one degree or other, precedes the development of the cerebral symptoms: he opposes this irritation with emollient applications over the abdomen, and topical bleedings. Subsequently, and when the head has become the principal seat of the affection, he directs his antiphlogistic means to this part,

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without, however, losing sight of the abdominal irritation. In the first stage, when there is much congestion of the brain, and before effusion has commenced, Dr. J. places ice on the head; but he advises the never having recourse to this proceeding till after local bleeding, and only when the patient lies immersed in a tepid bath. When symptoms of effusion in the brain are perceived, he institutes the use of external derivatives: a blister is placed on the nape, and the arms and lower limbs are rubbed with acetic ether or volatile and aromatic liniments. He employs mercurial frictions on the shaved head, (half a drachm of the ointment for each) and repeats them every 3, 4, or six hours, after carefully cleansing the surface with ammoniated liniment. In the mean time, he administers calomel by the mouth, in doses of 2, 3, or 4 grains, repeated four or five times in the hour: in fine, his ultimate resource ("le moyen extrême") is a very large blister over the head.

Such is an outline of Dr. Ratier's general observations on the French metropolitan hospitals: in this, we have been somewhat particular, with the view rather of affording the readers of this Journal an opportunity of appreciating for themselves the actual state of medicine in France, than with the hope of contributing any thing to their practical instruction. Our author concludes with this summary:—

"Whoever visits the hospitals of Paris, will observe, with satisfaction, that the practitioners who attend the sick in them emulate each other in zeal and talent, and substitute an analytic ('une marche analytique') and rational practice, for the subtle, and sometimes seducing, theories of the ancient physicians: he will find, in comparing their manner of acting, a harmony, an analogy, which constitutes a strong proof in favor of the existing system of medicine. In these institutions, the physiological doctrine, variously modified, but resting untouched in what concerns therapeutics, is almost universally adopted, either in an evident manner, or by a gradation easy to be followed. In general, much reserve is exercised in the employment of tonics, stimulants, and other '*remèdes perturbateurs*;' means doubtless very useful, but which have been singularly abused. Observation and experience have led back practitioners to '*la médécine expectante*,' (a most surprising result assuredly!). They have some confidence in the *conservative* efforts of Nature, and *polypharmacy* has given place, in many instances, to the judicious combination of *hygienic* agents. Nevertheless, they do not neglect the resources of the materia medica; and, by experiments repeated in many hospitals and by different practitioners, apply themselves to deter-

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mine the properties of new substances, to verify those which the ancients had attributed to the remedies they have transmitted to us, and to ascertain their usefulness under new applications. In fine, instead of wasting time with composing learned, but too frequently worthless, dissertations, they multiply particular observations and necrotomical researches, which alone form the solid foundation of medical science."

Having essayed, we trust with generous courtesy, to accompany Dr. Ratier in his progress to this comfortable conclusion, we are very unwilling to disturb this gentleman's self complacency; but we must really take the indulgence of submitting just one observation on this part of his book; and it is this, that he might do well in making himself better acquainted with the improvements in medicine in other countries, especially in Great Britain; and we can assure him that, on his having done this, he will be more careful of giving such undue scope to the national "amour propre," and of exposing what ungenerous critics might denominate his ignorance, but which we shall call by the gentler name of inexperience, in ascribing as discoveries to his patrons, what had been discovered before these men were born, and in announcing modes of practice as important, which, in our estimation, are little better than mischievous puerilities.

II. PRACTICAL FORMULARY. This portion of Dr. Ratier's volume occupies 242 pages: it is a mere list of prescriptions, interspersed with brief and rather jejune remarks on the properties of those medicines whereof they are composed. Although this list, copious as it is, contains little that can be made available by a British practitioner, we propose to run over its different branches, and make such selections as shall appear worthy of a cursory notice. The subjects it includes are, *baths, cataplasms, collyria, fomentations, fumigations, gargles, injections,* (surgical) *lavements,* (clysters) *liniments, ointments, pills, potions, compound powders, and ptisans.* Let us attend to these, *seriatim.*

Baths. Under this head are arranged the domestic and medicinal, general and local baths, which last comprehend what is called "maniluves," and "douches," and affusion. Of these the most remarkable is the sulphureo-gelatinous bath, employed by M. Dupuytren: it consists of four ounces of sulphuret of potass, dissolved in two hundred pounds of water, with two pounds of white Flanders glue, melted in ten pounds of boiling-water, added to the solution. This has all the advan-

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tages, we are told, of a simple solution of sulphuret of potass, without its inconveniences: it neither irritates, nor agitates, nor excites feverishness, and communicates unctuous and emollient qualities, which render it preferable to the ordinary sulphureous baths, in all cases where irritating effects are to be avoided.

Cataplasms. That used for promoting the resolution of inflammatory venereal tumours, is made by mixing one ounce of the sub-acetate of lead and half a drachm of the hydro-chlorite of ammonia, with four ounces of a common poultice. In the Hôtel Dieu, they employ, with much success, a cataplasm of powdered bark and slices of lemon in a poultice of linseed, for the cure of hospital-gangrene.

Collyria. The "collyre de Conrad" is powerfully resolvent, they say, as well as sedative: it results from dissolving one grain of the deuto-chloride of mercury, one scruple of gum tragacanth, and eighteen drops of liquid laudanum, in four ounces of rose-water. This collyrium is useful in obstinate ophthalmies, whether produced by the syphilitic vice or other ordinary causes.

Fomentations. Lotions are included under this head: of these we shall select three: the rest are good enough perhaps; but, being adapted to the "médécine expectante," they will be little esteemed by physicians in this country, where that practice is not fashionable. 1st. The *anti-psoric lotion* of M. Dupuytren, is prepared by adding four drachms of dilute sulphuric acid to a pound of water, holding four ounces of sulphuret of potass in solution. In cases of itch, the parts covered with pimples are fomented, two or three times in the day, with this lotion: its effects are assisted by occasional repetitions of the common bath. 2nd. M. Manry's *mercurial lotion* is in general use for the cure of itch, and has been found very efficacious in the prurigo formicans and pedicularis: it does not excite salivation, we are assured, as some persons have erroneously stated: the addition of one drachm of camphor to each pound of the lotion, is said to *correct* its irritating action. Its proportions are, two ounces of crude mercury, four of nitric acid, and ten pounds of distilled water: the mercury is first dissolved in the acid, and the solution extended by adding the water: the dose is half an ounce, with which the parts are washed every morning and evening. 3d. Professor Alibert's lotion, for similar purposes, is a compound preparation: he directs, first,

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two ounces of sulphuret of potass to be dissolved in one pound of river (soft) water, and then two ounces of the hydro-chloric acid to be diffused into one pound of distilled water: an ounce of each liquor is poured into four ounces of warm water, and applied as a lotion to the parts with a sponge. These, as remedies for several cutaneous eruptions, are described as having few inconveniences, and often proving very beneficial.

Fumigations. Those most frequently employed, impart their effects in the vapours of sulphur, cinnabar, mercury, alcohol, and aromatic substances. Of all others, the fumigation with gas of chlorine is the most powerful; but, we agree with M. Ratier, in suspecting that the advantages derived from such processes have perhaps been exaggerated; and, in itch, for instance, their application is frequently unprofitable.

Gargles. In regard to these, our author premises a remark —which, in our mind, is judicious, and merits attention: it is this, not to agitate the fluid of a gargle in the back parts of the mouth, as is usually done, but to leave it in apposition with the diseased parts by holding back the head as far as possible. An active mercurial gargle is made by dissolving two grains of the deuto-chloride of mercury in four ounces of distilled water, and then adding half an ounce of syrup or honey: it is employed in cases of angina, accompanied with syphilitic ulcers of the pharynx and velum palati; especially when such ulcers are obstinate.

Injections. Two of these may be noticed; the rest are not uncommon. A sedative injection is prepared by boiling two poppy heads and a drachm of the stalks of nightshade in a pound of water, and then dissolving in the liquor from ten to twenty grains of the extract of opium. The physicians prescribe the use of this, several times in the day, for cases of urethral blenorrhagy in both sexes: it is found to mitigate the irritation and pain of which the urethra and vagina are the seat: when there is phimosis, it may be thrown, with benefit, between the glans penis and the prepuce, especially if there also be ulcers inaccessible to external applications. Another injection, intended to communicate mercurial and sedative influences, is formed by dissolving twelve grains of the deuto-chloride of mercury in two pounds of distilled water, and then adding an ounce of the compound wine of opium: venereal patients use it with advantage, particularly females having ulcerations of the genital organs.

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Lavements. Among these, the *antisyphilitic and tonic* are the most remarkable. The former consists of two grains of the deuto-chloride of mercury dissolved in two ounces of distilled water, and one pound of the decoction of linseed, into which the mercurial solution is diffused. In the use of this, an attempt is made to introduce the muriate of quicksilver into the lower intestines, in cases where the stomach cannot bear that medicine. It is, however, an uncertain remedy, and ought not to be exhibited till other means have failed: in France, forgetting that mercury removes local disease only by its action on the general system, they use it when the rectum has become the seat of syphilitic symptoms. As a tonic clyster, in cases of putrid fever, they put an ounce of bark into a pound of water, with a view to stimulate the intestinal canal; to the preceding, a scruple of camphor, or half an ounce of muriatic acid, or a scruple of laudanum, may be added according to circumstances.

Liniments. That for chilblains contains at least a sufficiency of ingredients. For its composition, two ounces of olive-oil, one drachm of balsam of Peru, two drachms of spermaceti, two of white wax, and two of hydro-chloric acid, with six drachms of water are intimately mingled together: we have not taken an opportunity of reducing it to the test of experiment, but feel disposed to regard this as both an elegant and efficacious preparation. For cutaneous diseases, Dr. Jadelot employs a liniment, combining sulphuret of potass, white soap, and vegetable oil; but he ordinarily accompanies it with simple or sulphureous baths.

Ointments. The most remarkable of these are the mercurial, and such as contain iodine. In one of the former are combined, three ounces of axunge, half an ounce of the red oxide of mercury, the same quantity of crystallised acetate of lead, the same of sulphate of alum, the same of oxide of zinc, and fifty grains of the deuto-chloride of mercury: it is used in cases of obstinate chronic ophthalmy, having a connexion with the scrofulous constitution. This may perhaps be a suitable remedy; but in our mind, there are not many modifications of scrofula which derive advantage from the administration of mercury. Antimonial ointment (a drachm of the tartrite of antimony to an ounce of purified lard) is employed in French practice, under the name of "la Pommade d'Authenrieth," as an active derivative in a great number of diseases, especially chincough, and in general all inveterate affections of the chest. M. Biett has introduced four "pommades" containing iodine, into the wards

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of the "Hôpital St. Louis," and regards them as very manageable as well as efficacious applications. For one, he mixes fifteen grains of the deuto-iodate of mercury and twenty drops of the essence of bergamot, with two ounces of prepared lard: another contains half a drachm of the proto-iodate of mercury, an ounce and a half of lard, and fifteen drops of the essence of bergamot: the third, is made with sixteen grains of the cyanate of mercury, an ounce of axunge, and fifteen drops of the essence of lemon; and the fourth includes sixteen grains of the hydrocyanate of mercury, one ounce of lard, and ten drops of the essence of bergamot. With the first, M. Biett cures, or greatly modifies venereal tubercles, and the chronic ulcers arising from the syphilitic constitution; but its intense activity requires to be vigilantly superintended. The second is milder, though still a very efficacious remedy: very large venereal ulcers, which had resisted a multitude of other means, have been found to cicatrise under the application of this "pommade:" this, as well as the former, sometimes induces salivation. M. Biett began his experiments with the combinations of mercury and iodine, in 1821: at first, he prescribed the proto-iodate in small doses; but he soon ascertained that, in the proportion of $\frac{1}{64}$ in an unctuous recipient, it might be adopted in the greatest number of cases. The deuto-iodate being more active than the deuto-chlorate of mercury by itself, produced in several patients a very intense erysipelatous inflammation of the parts over which it was applied: this, however, was of short duration. After many trials, M. B. fixed on the preceding formula; but even this, he says, will require being varied according to the susceptibility of individuals. Iodine and its combinations certainly offer new and powerful resources in the healing art, and merit the attention of experimental physicians.

Pills. Under this head are also included boluses and electuaries: they are sufficiently various; some of them sufficiently simple; others sufficiently complicated. It is somewhat surprising to find the French physicians, who seem to entertain an absolute horror of our "heroic" remedies, prescribing so freely the internal use of the muriate of quicksilver, both in pills and other modes of composition. In the "Saint Louis," they have three kinds of mercurial pills, one of which is rather singular, but perhaps not the less useful: three ounces of the strongest mercurial ointment, two of medicinal soap, and two and a half of starch are compounded and made into pills of four grains each: the dose is one, sometimes two, in the evening and morning, as the basis of the anti-syphilitic

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treatment. M. Dubois' "depurative" pills are made by mixing half a drachm of calomel, eighteen grains of the extract of opium, four drachms of the extract of hemlock, with a sufficiency of the syrup of marsh-mallows, and dividing the mass into thirty-six pills. He prescribes these in different organic affections, whether glandular or visceral; but he regards them, not so much as curative remedies, as means of allaying the distresses whereby persons having such diseases are afflicted: two, at first, are a dose which is gradually increased. From observation of its effects, under a modified form *(ipecacuan instead of antimony)* we willingly bear testimony to the usefulness of an aperient pill employed in the Maison de Santé: it is obtained by compounding one scruple of socotrine aloes, three grains of tartrite of antimony, and half a drachm of extract of gentian, and dividing the mass into twenty pills: one or two of these act very beneficially in removing habitual constipation.

We are inclined to think that Dr. Duncan, in the Edinburgh Dispensatory, has expressed himself in a manner not strictly philosophical, respecting the medical employment of lead. "The internal use of acetate of lead," he says, "notwithstanding the encomiums some have been rash enough to bestow upon it, is entirely to be rejected." Now, it may be asked, how shall we reconcile this dogma with the experience of Drs. Duméril and Fouquier who administer the proscribed remedy in the wards of two large hospitals, and find their practical intentions answered by its effects? The former makes four grains of the acetate of lead, one grain of opium, and one scruple of the extract of liquorice into sixteen pills, which are exhibited in chronic and colliquative diarrhœa, for the purpose of diminishing the alvine evacuations. Dr. Ratier forgets to tell us the dose of these pills; but he states unreservedly that "the salt of lead appears to be *too weak*." M. Fouquier directs a drachm of the acetate of lead, and an equal quantity of marsh-mallow in powder, to be made with a sufficiency of syrup into thirty-six pills, of which the dose varies from four to a dozen in the day, at regular intervals. They are prescribed, says Dr. R. for moderating the perspirations that debilitate phthisical patients; and they fulfil this object in a satisfactory manner, without producing the accidents some persons would lead us to apprehend. Ordinarily, eight or ten pills are sufficient for obtaining the desired effect: it is proper that they be taken about the time when the return of perspiration approaches; and this, they are often found to repress *as if by enchantment*; i. e. in sober terms, the medicine soon accomplishes the ends

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for which it is prescribed. In such cases, we ourselves are in the habit of administering *internally* the solution of acetate of zinc, and generally have found it to act, not by enchantment certainly, but with very manifest advantage.

Potions. Juleps and fluid mixtures of all kinds are arranged by our author under this class, which occupies nearly sixty pages of his book. Most of these would be regarded as very inefficacious remedies in this country; but this is no reason, we readily admit, why they should not be exceedingly useful in different circumstances, and in a different climate: we cannot, therefore, agree with those who would depreciate the continental modes of practice, because the agents employed in it would be useless, if not pernicious to the sick in these islands. We offer a few specimens of the Parisian potions.

In the Hôtel Dieu, they give a tonic potion composed of two drachms of the extract of bark, half a drachm of extract of opium, two ounces and a half of the vinous syrup of bark, four ounces of distilled peppermint-water, and an equal proportion of water distilled from canella alba. Professor Dupuytren exhibits this mixture, in divided doses, in diseases where there is great prostration of strength unaccompanied with gastro-intestinal inflammation. With reference to the use of this remedy, M. Ratier makes an observation the perfect simplicity of which could not fail exciting mirth, did we not believe him to be quite serious. "It ought to be observed," he says, "that this celebrated practitioner (M. Dupuytren), even before the appearance of the new physiological doctrine, had directed his attention to the general abuse of tonics, and become extremely circumspect in his use of them: he very rarely prescribes them, and never except in cases where the necessity is evident." In the same hospital a somewhat elegant diuretic mixture is in repute: it is formed by dissolving an ounce of acetate of potass in a pound of white wine: it is administered in dropsies, both of the cellular texture and of the serous cavities: the solvent is understood to promote its exciting qualities; but it should never be exhibited when there is irritation of the bowels. Professor Chaussier employs an antisyphilitic liquor, made by dissolving eight grains of the cyanate of mercury in a pound of distilled water: it is exhibited in graduated doses varied in strength to suit the predominating circumstances. Of all the Parisian potions, in fine, *the eau bénite* is the most active: it is a solution of six grains of tartrite of antimony in eight ounces of water. This, says M. Ratier, is an emetic of great energy, and requires being used with the utmost reserve.

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Compound Powders. The aromatic powder of M. Dupuytren contains pulverised thyme, sage, and rosemary, of each four ounces, hydro-chlorate of ammonia and camphor, of each a scruple, all intimately compounded: it is sprinkled on mortifying parts, and those affected with hospital-gangrene. In the "Saint-Antoine," they substitute for Plummer's pills, a powder combining the "orangé" sulphuretted oxide of antimony, and the protochloride of mercury, of each a scruple, rubbed into half a drachm of sugar, in doses of five or six grains, night and morning; it is administered for venereal and scrofulous affections. By mixing half a drachm of the white oxide of arsenic, one ounce of Dutch vermilion (red sulphuret of quicksilver,) and half an ounce of powdered dragon's blood, M. Dubois forms a preparation which promotes the cicatrization of chancrous ulcers. Having fretted the parts so as to cause them to bleed, he covers them with a paste made of this powder and saliva, and then overlays all with a piece of cobweb; at the end of a few days, the eschar is detached, and leaves a florid surface disposed, in general, to send out healthy granulations.

Ptisans. Including decoctions, infusions and "lemonades;" we have ninety-one compositions of this kind, which, says the author of the "Formulaire," contain in general "qu' une très petite portion de substances médicamenteuses." As we implicitly adopt this opinion, we shall not extend this article with a notice of more than one, which is the celebrated "Tisane de Feltz:" for preparing it, they put three ounces of sliced sarsaparilla, half an ounce of isinglass, and four ounces of pulverised antimony, into six pounds of water, and reduce the liquid one half by boiling. This ptisan, it seems, is exhibited with advantage for inveterate venereal affections, and such as obstinately resist the mercurial treatment: the dose is a pound and a half in the day, taken in three equal portions. According to M. Ratier's report, it is a remedy extremely advantageous; and, in a few days produces a visible improvement of the patient's condition.

III. Particular Remedies. Passing M. Chaussier's watery infusion of opium, two vermifuge, and one antisyphilitic remedies, which have nothing particular in them, we present our readers with the *resolvent pouch* ("sachet") of M. Dumeril. He puts sulphate of lime, sulphate of iron, and hydrochlorate of ammonia, of each a drachm, into a wadding ("*ouatte*") of cotton, enveloped with black silk on the outside and with thin

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muslin on the surface next the wearer's skin. This pouch, in the form of a collar, is worn by persons having goitrous and other tumours arising from morbid enlargement of the thyroid gland.—Curiosity is generally irascible; and this, we suppose, it is that makes us so angry with Dr. Ratier for leaving us quite in the dark respecting the effects of this picturesque remedy. M. Corvisart's bitter diuretic wine, and the bitter elixir of M. Dubois are good enough in their way; but we prefer being particular in our account of M. Dupuytren's treatment of scrofulous diseases.

Scrofula. Professor Dupuytren informs Dr. Ratier that his mode of treating such diseases is altogether different from that in general use; and that he was led by the results of his anatomical and physiological observations on the nature and progress of scrofula, to renounce the "vulgar method." Whatever be its seat or its varieties, the scrofulous affection, in his mind, has three distinct stages in its course. In the first, the disease is in some degree inert, and only manifests itself by the characters peculiar to the lymphatic constitution, and by a disorder, more or less difficult to be appreciated, in the actions of the affected parts. During this stage, he employs the means best adapted to strengthen the constitution and, consequently, to "*resolve*" the disease. At the same time, he carefully avoids what is irritating, agitating, or even heating, such as elixirs, anti-scorbutic syrups, and all spirituous mixtures, with every stimulant likely to hurry the disease from the inert into an inflammatory state. It is, he thinks, in the second stage particularly, which is always characterised by excitement, fever, local pain and enlargement, and "sanguineous exhalations," that the abuse of these "incendiary remedies" does more mischief than the scrofulous affection itself. Without paying regard to its "*presumed nature*," M. Dupuytren treats scrofula, in the second stage, with venesection, leeching, diet and demulcents; and, by these means, has often arrested its progress and prevented its consequences, such as caries of bones, gibbosity, spontaneous luxations, suppuration, with disorder and destruction of organs. So soon as suppuration is established and the discharge readily escapes externally, he considers the disease as having returned to the nearly inert state which constitutes its primary stage, and resumes the use of remedies adapted to modify and invigorate the constitution; but, in doing this, is always solicitous of withholding whatever may tend to occasion irritation, agitation, insomnolency, loss of appetite, or fever. For such reasons, he abstains, throughout this third stage, from

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exhibiting vinous, alcoholic, alkaline, and other analogous preparations: he prescribes watery infusions of gentian, cinchona, and sinarouba, being persuaded that they contain all that is tonic in these substances, and are exempted from every thing irritating, both in their principle and vehicle: he increases their strength according to the patient's age and sex, and the kind, seat and character of the scrofulous affection: he suspends, in fine, even the administration of these, as soon as he perceives in them the slightest cause of excitement.

Opacities of the Cornea. These, under the hands of M. Dupuytren, yield to the following treatment; a general bleeding when the irritation is great; or leeches to the temples, when moderate;—a flat seton passing for several inches under the skin in the neck;—and an impalpable powder, composed of prepared tutty, candied sugar, and calomel, in equal proportions, blown into the eye through the barrel of a quill. When there is no disease of the eye-lids, nor inflammation, nor irritation of the conjunctiva, this powder alone is sufficient, and in a short time removes albugineous specks: old, thick, large opacities generally require a month or six weeks treatment; but, very frequently, such as have occupied nearly all the cornea and completely covered the pupil will, by the Professor's management, disappear in a few months. Our readers will be pleased to hold in recollection that, throughout this article, we are endeavouring rather to furnish them with historical facts in medicine, than with contributions to their professional knowledge.

Phagedenic Tetters. M. Dupuytren, in giving an account of the powder used by himself for phagedenic and eroding tetters, introduces the subject with this lamentation. There is no physician, he says, who has treated this disease, but may have found from sad experience, the inefficacy of anti-dartrous, anti-scrofulous, anti-venereal, and other remedies employed for this cruel malady, according to its different appearances, and the nature ascribed to it. Every body knows, he adds, that in spite of all these remedies, the phagedenic tetter still continues to erode and destroy the nose, the cheeks, lips, eyelids, ears, and temples, which parts it seizes, as it were, by preference. Fire itself appears to cause irritation (it would be singular if it did not,) as well as the arsenical paste: these agents, moreover, destroy the sound substances to which they are applied, and in this way, increase the deformity. Knowing all these things, the Professor laid himself out to discover a more cer-

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tain application, and soon satisfied his own mind, that the disease might be perfectly cured by a powder, consisting of 199 parts of impalpable calomel, and 1 of arsenious acid. When the parts have ulcerated, they are moistened and sprinkled with the powder so as to form a crust, for the removal of which a poultice sometimes becomes necessary: should the tetter be actually covered with an unsound cicatrix, this must be destroyed, and in twenty-four hours, when the bleeding shall have ceased, the powder may be applied: it will be more adhesive when suspended in a solution of gum arabic, or incorporated with a mild ointment; but, in such cases, the acid ought to be increased by one or two one-hundredth parts additional. In all cases, the crust however produced, should be left to undergo a spontaneous separation, which usually occurs in eight or ten days: the same process is to be repeated till the cure is complete.

Syphilis. Some remarks well meriting consideration, are prefixed to M. Dupuytren's description of his mode of treating venereal complaints. Syphilis, we are informed, is very often complicated with surgical diseases: itself alone produces a great number. Hence results the necessity of combining anti-syphilitic with chirurgical remedies in the method of curing these complicated affections. In such instances, it is in vain for any one to attempt treating separately the principal disease and its syphilitic complication: the selection of means is, therefore, of the greatest importance. Metallic mercury (quicksilver) reduced to the state of an oxide by trituration with lard, and applied by friction, cannot be administered with convenience in general hospitals and large wards, which seldom enjoy the warmth of temperature that is favourable to cutaneous absorption: besides, this preparation has the inconvenience of becoming rancid on the surface of the skin, (has the occurrence of such a phenomenon been observed in this country?) and, in consequence, diffuses an unsalutary odour, injurious alike to the patient and the other inmates of his ward. Sublimate (muriate of mercury) administered internally, in a concentrated or copious diffused solution, has other inconveniences: in the former state, it irritates and inflames the stomach, *and also the lungs* (this affords a hint to those who may not yet have particularly considered the actions of mercury when exhibited for disease of the respiratory organs:) in copious solution, it is apt to sustain a decomposition; a precipitate descends, and the medicine loses its specific virtues: when left, moreover, as it necessarily often is, to the management of the sick themselves,

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its administration is generally very irregular. That form of syphilis, in fine, which is usually complicated with surgical diseases, is almost always of long standing, inveterate, constitutional, so to speak, and not seldom characterised by nocturnal aggravations and other unpromising symptoms. Consideration of these things appears to have directed M. Dupuytren in his choice of the remedies for such complicated affections. Hence, his practice unites sudorifics, mercurials and anodynes, "médicamens dont la combinaison constitue l'ensemble le plus propre à faire cesser les douleurs, et à combattre le vice venerien le plus ancien et le plus rebelle."

Professor D. prescribes his sudorific ptisans and syrups first, and then the sublimate and opium formed into pills. The former is made by putting China-root *(similax China,)* sarsaparilla and guaiac, of each half an ounce, into two pounds of water, and evaporating one third of the fluid by boiling. This quantity is used every day in divided doses; but to the first in the morning, and the last in the evening, two ounces of a sudorific syrup are added. The pills, each of which contains two grains of the extract of guaiac, half a grain of the watery extract of opium, and one eighth of a grain of the deuto-chlorate of mercury, are given in the morning, at mid-day, and at night, an hour at least before meals: a single pill constitutes a dose; and the effects of this twofold treatment are promoted by, what is here denominated, a moderate diet. We do not reckon any of our readers so simple, or so ill informed as to require being told that these *new* discoveries of M. Dupuytren's are just about *two centuries and a half old:* those among them who are *very young students* can readily satisfy themselves on this subject by turning up the common dispensatories and class-books of the materia medica, at the words, sarsaparilla, guaiac, china-root, and mercury. We do not, however, mean to dispute the efficacy of these drugs: what a wise man states to be fact, we are at all times ready to admit as being a fact, till a wiser man affords us reason for changing this admission into doubt or disbelief.

M. Dupuytren does not usually employ any local antisyphilitic applications. On this account, the local symptoms become, in some sort, "*the thermometer*" of the efficacy of the internal remedies, and almost always disappear in no long time after the latter are put in use. This is the order of their disappearance; the night-pains, in eight or ten days; the venereal character of wounds and ulcers, in "some weeks;" indurations, excrescences, and even ulcers themselves, in a month or six weeks; and the exostoses, last of all, but when we are not

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told. Ordinary surgeons generally bring themselves to believe that venereal affections have been radically cured when their symptoms have disappeared; but Professor D. is persuaded that they are then only palliated, in by far the greater number of cases: and he ascribes to treatment conducted on such principles the spontaneous relapses which so often recur in hospital-practice. On this account, he has made it a general rule, in treating constitutional venereal diseases, to continue the administration of curative means, after the total disappearance of all the symptoms, during a space of time equal to that which was required for dissipating these symptoms. It is then, and then only, the Professor assures us, that the cause and the effects are alike well cured, and without any danger of relapse.

Inflammation of the Retina.—Depression is the only method employed in the Hôtel Dieu, in operating for cataract. One of the most common and most serious consequences of this method, as well as that by extraction, is inflammation of the retina, "*denominated inflammation of the iris, or iritis, by those who are more struck by the apparent symptoms than by the cause and true seat of the disease.*" This affection, says M. Dupuytren, whose sentiments these are, has for its results—long and obstinate pain of the head and eye, contraction of the pupil, turbidness of the aqueous and vitreous humors, redness of the conjunctiva, incessant flow of acrid tears, intolerance of light, strong contraction of the orbicular muscles, formation, behind the pupil, of an accidental fibrous pellicle, to which the iris ordinarily becomes adherent, and produces blindness: this last, however, may be remedied, even at the end of some months, by destroying or displacing this pellicle with a cataract-needle.

Inflammation of the retina likewise very often attacks children affected with scrofula, and, in them, presents the same train of symptoms, with a still greater intolerance of light, and a contraction of the orbicular muscles of the eyelids. It obliges the little patients to seek the darkest places, and to press the eyelids so forcibly together as to make the inferior pass under the superior, and thus bring the hairs of the former in contact with the lining of the latter, and thereby increase the pain and danger from the disease.

No doubt, says Professor D. venesection, leechings, demulcents, and derivatives, such as setons and purgatives, are indicated, and useful in such cases; but experience has so often demonstrated their inefficiency, that he has felt himself obliged to look out for other remedies. That which he has exhibited with

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most advantage, during the last ten years, is the internal use of the *atropha belladonna*, both in powder and extract. Of the former, he gives three, four, eight, twelve, or a still greater number of grains, for a dose; of the latter, one, two, three, or more grains, make a dose; and the *dose*, both of powder and extract, is divided into six *doses*, one of which is taken at the end of every two hours. To prevent the narcotic influences, ("le narcotisme") whether local or general, which these medicines are apt to impart, he is in the habit of accompanying them with the use of artificial Seltz' water. It is quite useless, he concludes, to say, that the exhibition of bitters, antiscorbutics, and antiscrofulous remedies, so prodigally administered during the last twenty-five years, tend directly to induce and aggravate this kind of inflammation in children: but the principles of M. Dupuytren, says M. Dupuytren himself, make it sufficiently evident that he is not inclined to employ such means in this sort of inflammation, although it may originally arise from a scrofulous affection.

M. Dupuytren is the most eminent surgeon in France, perhaps on the continent: his practice is bold; in many instances rash and unreasonable: his practical opinions are generally announced with a peculiar air of confidence, which contributes to make them the more impressive: hence, with the unthinking and illiterate, they are received as oracles, and regarded as being altogether unparalelled both in originality and excellence. In this part of the world, however, it would be a mere waste of words to dispute either the one or the other; but, from the examples transferred to these pages, from communications by the Professor himself to Dr. Ratier, it must be manifest, even to the "barbarians of Britain," that old Dioscorides, who wrote and practised only eighteen hundred years since, was perfectly "au fait" with many of the *new discoveries* which M. Dupuytren blushes not to promulgate as his own, with a magnificence of gravity that is really ludicrous.

Dr. Ratier occupies the remainder of this section with short and, as we think, uninteresting notices of Fowler's solution, and other preparations of arsenic, a particular mode of treating the colica pictonum, on the nux vomica, strychnine, morphine, quinine, laurel-water, hydrocyanic (prussic) acid, iodine, nitrate of silver, henbane, belladonna, nightshade, lactuca virosa, (which yields the lactucarium of Dr. Duncan) stramonium, and rhus radicans, which M. Fouquier prescribes in paralytic cases, and M. Lerminier in dropsies of the cellular texture, connected with disease of the heart. Passing all the rest, we find ourselves induced, as well by its "*bizzarrerie*" as by the au-

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surance of its success, to furnish the readers of our Journal with a condensed view of that mode of treating the colica pictonum, which has obtained the designation of "*traitement des Pères de la Charité.*"

On the first day, they exhibit a purgative lavement, prepared by boiling half an ounce of senna leaves in a pound of boiling water, and then adding half an ounce of the sulphate of soda and four ounces of emetic wine to the strained decoction. During the day, a drink is given in divided proportions: it is made by dissolving an ounce of sulphate of magnesia and three grains of tartrite of antimony in two pounds of cinnamon-water, to which an ounce of syrup of buckthorn is sometimes added. At five o'clock in the evening, an anodyne lavement is administered: the ingredients of this are, six ounces of oil of walnuts, suspended in twelve ounces of port wine. At eight, this is followed by a bolus, containing one grain of opium in a drachm of treacle. On the second day, the "*eau benite*" is prescribed as a vomit: the ingredients of this blessed potion are, six grains of emetic tartar, dissolved in eight ounces of tepid water: the patient takes this in two portions, and, in an hour, drinks freely of tepid water to promote its effects. When these have subsided, he receives, during the rest of the day, draughts of a sudorific ptisan, formed by putting guaiac, china-root, and sarsaparilla, of each a drachm, into two pounds of water, and boiling this down to one; an ounce of sassafras and half that quantity of liquorice are then added, and the mixture gently boiled and strained. At night, the anodyne lavement and bolus of opium and treacle complete the second day's discipline. The third morning begins with a diaphoretic laxative potion, administered in four doses, and, throughout the day, the sudorific ptisan in regulated draughts: at four, P.M. the purgative lavement; at six, the anodyne lavement; and, at eight, the opiate bolus. A purgative potion (half an ounce of sulphate of soda, a drachm of powdered jalap, and an ounce of syrup of buckthorn, in six ounces of the infusion of senna) introduces the fourth day's operations; and its action is assisted by "*du bouillon aux herbes.*" The patient drinks the sudorific ptisan through the day; at five, P.M. he gets the anodyne lavement; and, at eight, the bolus of treacle and opium. All the fifth day is occupied with draughts of the sudorific laxative ptisan: at four, P.M. comes the purgative lavement: at six, the anodyne; and, at eight, the opium and molasses; with which, as we suppose, the cure is consummated.

Such is the treatment, says Dr. Ratier, which, in spite of its "bizarre" composition, accomplishes a great number of cures,

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and which many physicians have thought it their duty to adopt with "*un religieux scrupule.*" *Pasques-Dieu!* as Louis XI. would have said, but these gentlemen must possess very tender consciences: the thing, however, is a rare one, and wise heads have, ere this, been led as far astray by pure curiosity. Dr. Lerminier follows the practice implicitly; but Dr. Fouquier employs it with considerable modification: he rejects all opiates, and, instead of an emetic, prescribes an emeto-cathartic, which may be three times reiterated. With him, to restore and establish regular alvine evacuation, constitutes the principal indication. He regards the means that are capable of overcoming the obstinate constipation, as the best for alleviating the rending pains which the patients experience.

We have thus, in two short articles, endeavoured to lay before our professional brethren, what we conceive to be an impartial and rather comprehensive view of French medical practice. In a happier climate than our own; with corporeal and intellectual temperaments different from our own; and with modes of life altogether unlike our own, such practices may prove sufficiently efficacious. That they are productive of the results ascribed to them, we feel not the smallest inclination to dispute; with us, however, they would not only be found unprofitable, but, in numerous instances, absolutely pernicious. From this exhibition of facts, then, we would deduce the important lesson—a lesson most worthy the attention of our countrymen—that, although by reason of facilities arising out of the moral constitution of the French people, our British students may find advantage in resorting to the Parisian schools for the purpose of more conveniently investigating some branches of demonstrative, physiological and pathological anatomy; yet, in all that regards the true objects of medical science—the relief or removal of human suffering, they will not only obtain little knowledge that shall be available at the bedsides of the sick in their native land, but they may incur the risk of imbibing notions that shall dispose them to become inefficient, and, by necessary consequences, very dangerous practitioners.

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IV.

Further Observations on the Lateral or Serpentine Curvature of the Spine, and on the Treatment of Contracted Limbs. With an Enquiry into the Effects of various Exercises, and other Means which are used to Prevent or Cure these Deformities: being a Supplement to the Work on Distortions of the Spine and Bones of the Chest. By John Shaw, Surgeon, and Lecturer on Anatomy. 8vo, pp. 195. Several Woodcuts. Longman and Co. London, May, 1825.

Mr. Shaw has now become good authority on spinal diseases—and this class of human maladies is decidedly the prevailing or *fashionable* epidemic of the present period. We do not use the epithet *fashionable* with any idea of ridicule or satire; but because the word is strictly applicable to the complaint. A *fashionable* education has brought with it a *fashionable* shape and constitution—that is, a crooked spine, or a prominent hip, or a higher and a lower shoulder—an anterior and posterior (instead of the old fashioned right and left) breast, with many other *eccentric* modifications of form! But if these were the only evils attendant on modern education, they would surely be compensated by the intellectual attainments which every where meet the eye. The charms of music, painting, poetry, are far superior to corporeal charms—

> 'Tis not a set of features, or complexion,
> Or symmetry of form, that we admire.

If beauty soon becomes "familiar to the sight," so does deformity; whereas the accomplishments of the mind are, or ought to be, unfading and unchangeable. Such, at least, must be the opinion of those who direct the education of youth, and especially of the female sex. Unfortunately, however, we find that, in this world at least, matter clings to mind with astonishing tenacity. Bad health will ultimately sour the sweetest disposition—or, to come more immediately to the point, we aver that a crooked spine bids fair to produce a crabbed temper, however well stored may be the mind, and however accomplished the person. The world should ponder on these things, and consider whether they are justified in bartering "health of body, peace of mind," for a few shining endowments, that rarely contribute, after all, to domestic happiness in the station of wife and mother, however they may tend to shew off the possessor in the quality of maid or mistress. It is highly probable that this evil, like most others, will tend, in time, to remedy

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itself. The parent who hopes to get his daughter off in the world by her excessive education and accomplishments, may, perchance, often have those hopes blasted by the chilling hand of disease, which, while it deforms the body, will, most assuredly, deteriorate that mind, on which so much time, and labour, and expence, have been lavished—injuriously lavished! A time, we think, will come, when more attention will be paid to the *physique*, and less to the *morale* of the female sex. This desirable epoch will be hastened by the publication of works like that under review, because they necessarily circulate more among the non-professional portions of society than most other kinds of medical writings.

In the present work of Mr. Shaw, there is, unavoidably we believe, some repetition from the preceding work of the same author, occasioned by his following up the inquiry, "and going more minutely than formerly into certain subjects." He commences with some remarks on the appearances produced by lateral or serpentine curvature of the spine, in the following manner.

"When the spine of a girl about the age of twelve or thirteen is becoming crooked, the attention of the mother or governess is at first attracted by the state of the shoulders or breasts: at this age, indeed, most frequently by the latter; one breast either appearing larger than the other, or growing so unequally as to lead to a suspicion that it is diseased, or that 'one of the breast-bones is growing out of its place.' But, in a younger girl, the shoulders attract attention first, as the right appears enlarged, and, when the shoulder-blades are compared, the right is generally found farther removed from the spine than the left, and with its inferior angle lying flat upon the ribs, while that of the left projects.

"When the shoulders are thus affected, there is almost invariably a curve at the loins on the left side, which causes an apparent enlargement of the left hip; and it is in consequence of this, that a mother describes the state of her child, when the spine is slightly distorted, as 'a *growing out* of the right shoulder, and of the left hip.'

"When a girl so affected is in certain positions, one leg appears shorter than the other; when she walks, there is not only a constrained position of the head and neck, and an inclination to one side, but there is also an inequality in the step, so that the body is carried obliquely forwards, or with one side rather more advanced than the other. It may be frequently observed, that girls in this condition have a habit of putting one arm behind the back, and taking hold of the inside of the other elbow, thus assisting to balance the figure, by pulling down one shoulder and elevating the other." 3.

If the spine be now examined it will be found nearly in the form of an italic *f*, and perhaps with a slight bend outwards. The whole of the right side will be of a rounded or barrel-like

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form, while the left is diminished and contracted, the ribs being closer together than is natural. There will also be a depression or sinking in of the right, and a fulness between the ribs and hip of the left side. If the girl hold both arms above her head, the difference in the shape of the two sides will be more distinctly marked—and when the arms are brought down close to the sides, we may see between the left side and arm, but not between the corresponding parts on the right.

The alteration in the state of the shoulders being one of the first symptoms of deformity that are observed, some late writers, Mr. Shaw thinks, have been led into error in supposing that the dorsal part of the spine is the first distorted, and that of the loins the last. In common lateral curvature, it is Mr. Shaw's opinion that the curve at the loins is not only the first formed, but that it is the cause of the other curvatures higher up. By taking this view of the formation of distortion, Mr. Shaw has been led to attend more to the means of remedying the curve at the loins than that at the shoulders, and avers that he has found by experience that he is practically right—"for the only instances where the amendment of the curve between the shoulders has not followed the removal of the bend at the loins, have been where the upper ribs were much mis-shapen, or where anchylosis had taken place between two or three of the dorsal vertebræ."

We shall here introduce a rather long note, on the subject of the etiology of lateral curvature, particularly as regards the muscles of the spine.

"In the preceding volumes, I have examined several of the opinions which have been offered on the condition of the muscles of the spine in cases of distortion, and by reference to facts, both of natural and morbid anatomy, have shewn that many of them are unfounded: I shall here offer a few observations on an opinion pervading the works of all who have lately written on this subject, which, from being often acted upon, becomes of importance.

"It is conceived that distortion takes place in consequence of the muscles on the concave side of the curve, being increased in strength, while the power of those on the convex side is diminished. The shortening of the muscular fibres on the concave side is taken as the proof of their being increased in power, and also of their having been spasmodically or morbidly contracted.

"'Any deviation to one side gives to the muscles fixed to the transverse and spinous processes of the concave side of the curve, increased contraction, whilst a corresponding state of relaxation or extension takes place in those of the opposite side; the muscles on the concave side acquire, comparatively, increased power, whilst those on the convex become proportionately debilitated, and the balance by which the spine

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is preserved in its erect form is necessarily destroyed.'—Observations on Distortions of the Spine, by W. T. Ward, p. 25.

"I have, on the contrary, shown that the muscles on the concave side are not the strongest. (See p. 68, in the octavo volume.) The idea that the muscles on the concave side are more powerful, and more contractile, than those on the convex part of the curve, seems to have arisen from the *consequences* of distortion having been mistaken for the *cause*. If the two ends of a muscle are approximated, the muscle gradually becomes shorter; a variety of proofs of this might be offered. A case in point, and in illustration of Mr. Hunter's views on the subject of contractility of muscles, is related in the Philosophical Transactions. A man broke his arm, the bones were not reduced, so that, when the man recovered, the bone was diminished to almost half its natural length. 'Some years after this accident, the person died. The biceps muscle of both arms was carefully dissected out, and, being measured, the one was found to be eleven inches long, the other only five, so that the muscle of the fractured arm had lost six inches, which is more than the half of its original length.' Similar effects are produced on the muscles of the fore part of the neck after burns, which pucker the skin so as to draw the chin towards the breast; and exactly the same thing takes place, not only in the small, but also in the large muscles of the back, and even in those of the lateral part of the abdomen, when their attachments are approximated by the yielding of the lower part of the vertebral column to the superincumbent weight.

"This shortened state of the muscles has been called a disposition to contraction, a kind of spasm which pulls the bones towards each other. But we have no proof that the muscles of the back, are ever affected in this way, in cases of distortion. It is, perhaps, incorrect to call it a *growth*, as there is actual diminution in bulk. But the examples that are offered may entitle us to conclude, that the shortening of the muscle is the natural result of the approximation of its two extremities.

"This is not to be viewed as only a curious question in physiology, but as one of much importance in the treatment of distortions of the spine and contractions of the limbs; for it will be found, that if the bones can be kept at a certain distance from each other, the shortened muscles will be lengthened. It is owing to their ignorance of this fact, that rubbers and shampooers are not so successful in remedying contracted limbs as they might be.

"After a description which is given of the curves of the spine, in the next page of the work from which I have quoted, it is stated, 'The *intertransversales muscles* of the concave side of each curve respectively would become contracted; those of the convex side of the curve, on the contrary, being in their extended state, would become smaller in size, and, consequently, weaker, so that if the weight were suddenly abstracted, they would no longer have the power of replacing or preserving the bones in their natural position, so as to bear the superincumbent weight; and, as every increased deviation from the perpendicular line

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would render the muscular parts still less capable of acting, the alteration of form, unless some means were used to counteract it, would become perpetuated.'

"I shall not deny the existence of the *intertransversales*, as they are in the list of the muscles of the back; but as, on actual dissection, we find them to be little more than mere membraneous shreds, covering the membrana intertransversalis (particularly between the dorsal vertebræ); and when we consider, that one sacro lumbalis muscle is some hundred times more powerful than all the intertransversales that are enumerated, we cannot believe that three or four of these small muscles have any effect either in producing distortion or in preventing its cure. That the effect of distortion on the fibres of the intertransversales has been mistaken for its *cause*, may be exemplified by the state of the œsophagus in cases of complete serpentine curvature, or of hump back; for as the œsophagus, in these cases, does not follow the curves, but passes directly across, it is so contracted, that we might as well say that it is by an irregular action of the muscular coat of the œsophagus (which is at least as strong as the fibres of the intertransversales,) that the head is pulled towards the stomach, as that the spine is pulled from side to side by these small muscles; both opinions would be equally supported: the fibres of the intertransversales are found shortened, so are those of the œsophagus.

"I shall here repeat what I have attempted to prove in the preceding volumes—that, (notwithstanding the doctrines generally received), in the *common, lateral, or serpentine curvature*, the muscles do *not produce* the distortion, but become altered in form *in consequence* of the distortion." 18.

In the second section of Mr. Shaw's work he takes up the subject of etiology, especially in respect to the effects which the habits of sitting or lying in a particular manner have on the figure of a young person. He does not add much, however, to what he advanced previously, in his larger publication. Our author comes to the conclusion that, although mal-position, whether by day or by night, may *increase* a curvature of the spine that has already commenced—yet, that such cause will not *produce* the said curvature, if there be no other causes acting, and if the young person take proper exercise.

"The more I see of this serpentine curvature of the spine, the more I am convinced, that although the distortion will be always much increased, and occasionally produced by certain positions, it is generally caused, in the first instance, by the yielding of the lumbar portion of the spine to the superincumbent weight." 26.

The important question then naturally presents itself—what is it that causes this portion of the spine to yield?—"Is distortion produced by bad health?"—Some kinds of deformity, Mr. S. thinks, are produced by disease; but many circumstances,

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he adds, might be offered to shew that the lateral (or more properly speaking, *serpentine*) curvature of the spine seldom proceeds from this cause.

"Its frequent occurrence among girls who scarcely ever had a day's illness, is strong evidence of this. We may also adduce the fact, that although the poor, in large towns, are subject to various diseases of the spine, yet, in that class, the description of lateral distortion which is so frequent among young ladies is rarely seen; and, when it does occur among the poor, it is generally accompanied with some acute disease of the vertebræ, or is, to a great extent, combined with rickets, or a distinct scrophulous affection of one of the limbs." 27.

An important and difficult question in practice is, to distinguish between the cases where a scrofulous taint in the constitution is the predisposing cause of distortion, and those in which the curvature of the spine is solely owing to fortuitous circumstances.

"Why are the females in warm climates seldom affected with lateral curvature?"—The difference cannot, Mr. Shaw argues, be attributable to the mutability of our climate, since there are few examples of this curvature among the poor or the peasantry of this country, who are so much exposed to atmospherical vicissitudes. Neither can the ladies of the sun owe their straight shapes to tight lacings—for the looseness of their robes is well known. Their exemption from deformity cannot be owing to exercise—for they are proverbially indolent. Our author, therefore, is led to suspect, and not without reason, that there are some circumstances in the habits of life of the ladies of hot countries that would be beneficial in those of cold. But a system of indolence is unnatural to the latter, and, if pursued, would not answer.

"The question is now narrowed, and we are at liberty to enquire whether young ladies in this country have the advantages which nature dictates; if it can be shown that they have not, it will be no longer surprising that they should lose their natural form.

"It will probably appear that, owing to the prevalence of erroneous opinions on the question of exercise and rest, there is seldom a proper balance kept up between them. It is, perhaps, correct to say, that the less exercise a child takes, the more does it require general muscular relaxation in the recumbent position, and that the lighter and more sedentary the pursuits are, the more necessity will there be, either for active exercise or general relaxation. Thus in warm climates, where active exercises cannot be taken, the due relation of parts, or balance of the system, is preserved by great indulgence in the recumbent position.

"If we consider the manner in which young ladies are brought up, from the age of ten to sixteen, and keep this principle in view, we shall

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perhaps be able to discover the cause why they are more frequently deformed in a particular manner than those of any other climate, or even than the poorer classes in their own country.

"As long as a child continues in a state of nature, that is, while it is permitted to run freely about, and before it arrives at that age when the parent is induced to pay particular attention to its figure, the form is fine and perfect; but, about the age of nine or ten, what may often be truly called its miseries commence. Education is seriously begun, and the girl is no longer permitted to indulge in that playfulness which is not objected to in boys; indeed, it often happens that the first lesson a young lady receives, is an admonition that she is not a boy: when she walks, or when she sits, particular attention is paid to her manner, and the point most generally insisted on is, that she shall keep herself quite erect. For this purpose, or to give the chest a certain form, she is incased in a pair of stiff stays. Girls are thus early put under restraints not natural to their age. This, in some degree, renders them artificial, which is increased by the restrictions which are unavoidable in the acquirement of certain necessary accomplishments.

"If such habits be unnatural to the time of life, we cannot wonder that there should be a deviation from the natural growth of parts. It is not extraordinary that a child has its bowels disordered when its natural diet is changed; but we are apt to think it strange that the figure should not continue to grow as well *when we take great care of it*, as when the child was romping, and when no attention whatever was paid to its form. To set the bowels right, a variety of family recipes are often given, while the diet is neglected; but they are as ineffectual in restoring the natural tone of the digestive organs, as the staymaker's contrivances are in mending the shape. In both instances we endeavour to overcome nature, or to set it right by artifices, and often by artifices that are ill calculated for the purpose.

"Perhaps the reader is now prepared to admit the following view of the causes of the common slight curvature, when it occurs in a girl who, although not of a bad constitution, is listless, easily fatigued, and unwilling to take active exercise. The first cause which I would assign is the want of sufficient general exercise, and especially of that which acts more immediately on the muscles of the back; the second, on the almost necessary yielding of the lumbar portion* of the spine to the weight of the upper part of the body, if the girl be allowed to sit at work, or practise at the piano for hours without any artificial support; the third cause I would name is the habit of lounging or balancing the body on one leg; the fourth, the habit of sitting awry while writing or

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"* This is the most moveable part of the spine, and although it supports the weight of the chest, head, and arms, it is not strengthened by the locking of its processes, nor by the attachments of the ribs, as the dorsal part is. As it is thus so dependant on its muscles, it must yield more readily than any other part when a girl is in a slightly debilitated state, either after recovering from fever or measles, or from the bad health that often accompanies a change in the constitution."

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drawing; the fifth, the habit of sleeping on a soft bed and with a high pillow; the sixth, the more frequent use of the right than of the left arm, and, lastly, I would assign as a cause of curvature, most of the attempts that are made to correct the figure or to model it into a certain form. As so many of the means employed for this purpose, and for counteracting what are considered the disposing causes to distortion, frequently increase and even produce the curvature, it may be useful to endeavour to exhibit these effects. I am, therefore, confident that, to those who are interested in this enquiry, no apology is necessary for going, at some length, into the consideration of the USE OF THE INCLINED PLANE; of the UTILITY OF STAYS AND SIMILAR CONTRIVANCES; of the MANNER OF SITTING; of the MEANS GENERALLY EMPLOYED WITH THE INTENTION OF PREVENTING OR CURING A STOOP; and of THE EFFECTS WHICH CERTAIN EXERCISES PRODUCE ON THE FORM." 38.

The next subject discussed is that of the inclined plane. This having been found useful in the *cure* of spines a little twisted, is now considered a mean of prevention. This, Mr. Shaw observes, is a mistaken view.. It is ridiculous to make a girl lie in a particular posture for an hour or two every day—while the position during eight or nine hours in the night is totally neglected.

"Is there any thing specific in the board, or is it more than the medium of affording rest; or is there any difference between the manner of lying on a board and that of lying on a mattress? Lying on a board is certainly more uncomfortable; and perhaps this is the reason why it is considered useful; for it seems to be an axiom, that if any thing connected with surgery is agreeable, it cannot be salutary." 41.

The inclined plane, in fact, is only good, as it gives rest and support to the body, and, viewed in this light, there is no good reason why it should not be made comparatively comfortable, as by cushions, for example, so that the patient may recline on it and be at ease, after a walk or a fatiguing lesson—times when the spine of a young person requires to be carefully managed.*

In respect to the night, our author adds little or nothing to what he has said in a former volume. The patient should sleep on a firm mattress, with little or no elevation of the head.

The practice of confining patients for months and years, in the horizontal posture, has been founded on the idea that the distortion depends on an undue contraction of certain muscles

* "It cannot," says Mr. Shaw, "be too often repeated, that the spine of the most delicate girl, if not already distorted, will not suffer by the erect position, as long as she is not fatigued, and continues in activity and exertion; it is during a state of lassitude and relaxation of the muscles that the horizontal position is necessary, for it is then that the bones and ligaments are in danger of yielding." 41.

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of the spine, and on a diseased state of the vertebræ—an idea, observes Mr. Shaw, "completely erroneous." The bad effects of such a mode of treatment are gradually becoming more evident—and the use of the inclined plane is quickly falling into disrepute. Mr. Shaw next relates examples of the bad effects of the practice, for which we refer to the volume. He observes that it is an erroneous opinion that the spine becomes fixed at a certain age—a deceptive hope which has induced many a poor girl to confine herself to the plane for years. "Every one must have met with instances where the distortion of the spine has increased after the age of twenty-one." The plan, therefore, he thinks, is to be reprobated in cases of lateral curvature, as it tends to increase rather than diminish the curvature and the original causes of distortion. It almost invariably injures the general health.

Mr. Shaw next reverts to a subject discussed in his other work, namely, the question whether or not the pain, which is usually felt in some part of the spine, in lateral curvature, depends on a disease of the bones, or inflammation of the ligaments—or is it merely the consequence of certain causes that may be easily removed? Since his other work was published, he has seen several patients who have suffered severely from a mistake respecting the nature and cause of the pain. One instance was that of a young lady who had been confined nearly a year to the horizontal position, in consequence of a dull weary pain in the lumbar region of the spine, which was considered symptomatic of incipient inflammation or disease of bone. The said posture, however, produced no relief, and, at the end of four months, she felt the same pain when she attempted to walk. Still the complaint was considered inflammation, and six more months of confinement were enjoined, without benefit. Mr. Shaw was then consulted, and, on careful examination of the spine, became convinced that there never had been disease of the vertebræ. A different plan was adopted, and the young lady soon recovered.

"But, notwithstanding the issue of this case, it would be a more serious error to mistake the pain consequent on inflammation of the bones, for that which is usually attendant on lateral distortion."

Mr. Shaw gives us but little assistance in distinguishing between these two conditions. He observes that, when the vertebræ are actually diseased, there is generally a train of symptoms, in addition to the pain, which will assist us in discovering the nature of the case. Painful sensations in the back may depend on a variety of causes—as from pressure on some

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of the viscera in a great degree of distortion—on compression of some of the spinal nerves by one of the spinous processes themselves, &c.

Finally, Mr. Shaw's strictures on the inclined plane are only intended as objections to its being considered as the sole remedy, and to its unremitted use for months. He thinks the inclined plane essential to the cure of lateral curvature.

"And there cannot be a doubt that a young and delicate girl may be much the better of occasionally lying down; when she is growing quickly, and is, at the same time, delicate, the weight of the upper part of the body is obviously so much more than the lumbar vertebræ can support beyond a certain time, that common sense dictates the necessity of giving occasional ease and rest to the muscles of the spine, and this cannot be more effectually or more easily done than by lying down either on the inclined plane, or on a couch, where she may have room, while in the horizontal position, to shift her body as she pleases.*" 65.

OF THE PLANE AS A MEANS OF STRETCHING THE SPINE.

Machines, Mr. Shaw observes, have been used under the idea that, if the vertebræ could be kept separated from each other, the distortion would be removed. But, as they were generally made of iron, and attached to the body, they were often injurious. Then the plan of swinging the body by straps attached to the head, came into fashion, but was soon abandoned from its inutility. Confinement to the inclined plane was then said to be the only effectual means of curing distortion. As this was also found to fail very frequently, an apparatus was invented that was supposed to effect the forcible stretching of the spine, while the patient was stretched upon the plane. It is used in Paris, in an institution called the ORTHOPEDIQUE.

"* The bad effects of lying constantly in one position on the inclined plane, are so much obviated by friction over the muscles of the back, that a slight curvature may be cured in this way. But why do those who lay a patient on a board for months, with the view of subduing an inflammation of the bones, and restoring the equilibrium of the actions of the muscles, recommend the spine and adjacent parts to be rubbed and shampooed for two hours during the day? Is it not contrary to their theory of the causes of distortion, and to their views of the mode of curing curvatures? But, so far am I from objecting to the combination of friction with rest, that I consider it as the only means of saving patients, who are laid on the plane, from falling into the most miserable state of debility. Since friction and shampooing are only a form of exercise, why not carry the system of combining exercises with the confinement a little farther, and especially if it can be done with safety? It is cruel to imprison a young lady for months, if all the advantages of lying on the plane may be attained, and the disadvantages avoided, without making her undergo such severe discipline as the constant confinement to one position must be."

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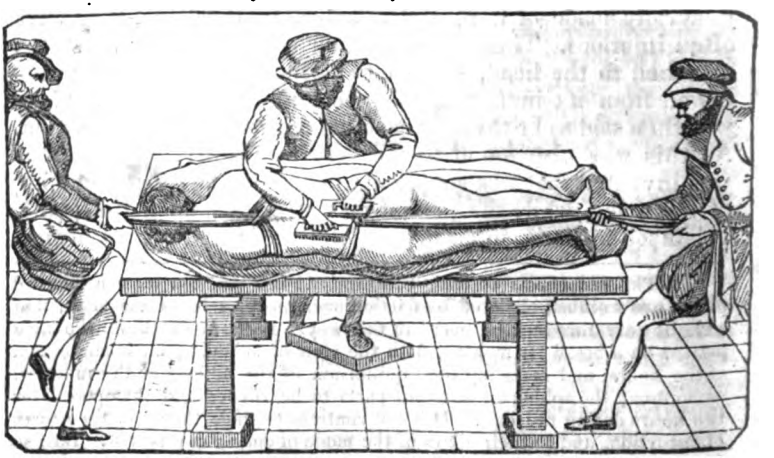
By this invention, patients are debarred from taking exercise, and, therefore, it is evident that it must be even more injurious than the collars which have been in use to support the spine.

"A most untenable theory still prevails in this country; that distortion is produced by dislocation of the vertebræ; and, upon this theory, a practice has been founded which is not only inefficacious, but so dangerous as to render it a matter of duty to take every opportunity of exposing it. The practice alluded to, is the attempt, by main force, to replace vertebræ said to be dislocated, and to keep them in what the *operator calls their proper position* by bandages, heavy weights, and confinement of the patient to the horizontal posture. But the ideas on which this plan of treatment has been founded, are so diametrically opposite to what we should deduce from the facts of anatomy, as to be scarcely worthy of a serious refutation. We have only to compare the sketch below, with the description given of this mode of practice, to learn that the idea of reducing dislocated vertebræ to cure distortion, is not new, but adopted from the suggestion of ancient authors, who, although worthy of credit in many respects, must be admitted by all who are conversant with anatomy, to have occasionally dealt in the fabulous.* The danger to which the spinal marrow would be subjected, by any forcible attempt to shift one of the bones of the spine, must be obvious to the merest tyro in anatomy.



"This is copied from the chapter in Ambrose Parée, on the cure of the projecting vertebræ.

"* In Hildanus, under the head of Dangerous Ignorance of a Barber Surgeon, 'Perniciosa Tonsoris inscititia,' a case is given where the operator attempted to replace two projecting vertebræ, by laying the patient on his face, and then pressing on the bones with both his knees. The horrible effects produced are well described; but, in the next page, a case is given, where Hildanus says the vertebræ were dislocated by the devil!"

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"The modern operator thus describes the method:—

"'I caused the spine to be stretched daily, for an hour at a time, in order to draw out, and, in some degree, to separate the vertebræ from each other. This operation was performed by means of the shoulders being pulled by one person placed behind the head, and the feet, at the same time, by another, in opposite directions, the Colonel all the while lying on his back. During the period that this process was going on, I continued to make, with my own hands, firm pressure upon the sternal ends of the ribs, first on the one side and then on the other. By this contrivance, they were forced to act powerfully at the other end, upon the depressed vertebræ. This was done to drive them outwards, and towards their proper situation in the column.'—Medical and Physical Journal, vol. 44.

"It may appear almost incredible, that such an attempt was ever made in this country; but we have the best evidence of its having been done, that of the operator himself, and I can state that a mode nearly similar, although even more frightful, has been practised in London by the same operator within these twelve months. I have been consulted by several patients who had not only been rigidly confined to the horizontal position for two years, but had submitted, almost daily, during that time, to be laid for an hour on their face, to have the feet fastened to one end of a bed frame, while a cord that was attached to a strap round the back of the head, was wound up by a windlass that was fixed to the other, and which, from its appearance, seemed to be of sufficient power to raise half a ton. I was told that while the spine was thus stretched, the physician tried, with a small wooden instrument, to *push in the dislocated bones!* Cases, detailed by this operator, to show the *wonderful* effects of this plan of practice, may be found in the 44th and 45th vol. of the London Medical Journal." 72.

Stays and other Artificial Supports. The general impression is, that stays are hurtful. Some, however, are of a contrary opinion. Our author asserts, somewhat paradoxically, that stiff stays may produce distortion, and yet that those which are generally worn are not stiff enough. It is unnecessary to say, that no other stays or supports for the back could ever have been designed by Nature than the muscles of the spine. Every artificial aid, in the way of stays, must, consequently, weaken the muscles, by depriving them of their natural and due action. Still, all our arguments will not change the fashion of the day. We may possibly modify the injurious customs around us. Stays should not be put on, Mr. Shaw thinks, till the age of ten or twelve at least, since even fashion does not require other than natural shape in a child.

"When stays *must* be put on, they should be loosely laced, for the tighter they are, the more do they act as compressing bandages, which not only prevent the natural play of the muscles, and thus weaken them,

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but even waste and lessen their size. That such may be the effect of pressure is often seen in the wasted leg of the mendicant, which, through tight bandaging alone, can be reduced to that condition which excites our commiseration.

"If stays are put loosely on, and only worn occasionally; and if the girl takes sufficient active exercise, and rests in a proper manner when fatigued, there is little danger of the form suffering even from strong stays. But although by this method, stays may be rendered almost harmless, there will be some difficulty in pursuing it, as the girl will feel the occasional bondage very uncomfortable. The annoyance produced by it, is marked by the flushing of the face from impeded respiration, and by a stiff and constrained manner of walking. The remedy generally proposed is, that *she should wear the stays until she gets used to them*; this advice will probably be followed; and then it is likely that the bad effects, already described, will ensue." 83.

But it is still to be shewn that stays may often be necessary—and that those generally used may, under certain circumstances, not be stiff enough. It is necessary to remark, that a girl's education weakens the muscles of her back, as well as other muscles in the body; yet she is expected to be able to keep her spine as erect as if she had the strength of a porter. There is a mistaken notion respecting the effect of stays not stiffened with bones. Mothers think their children in no danger of becoming distorted, by wearing such stays, forgetting that the tight bandaging of the chest, when persisted in, is more injurious than the effect produced by stays which support the figure, even to the degree of obviating the necessity for muscular action.

"It is true that a bandage, occasionally applied, gives support and strength; but if constantly worn, it produces a wasting of the part. Proceeding on this view, it may be stated that if tight stays *must* be worn, they should be made sufficiently stiff and strong to sustain the weight which the muscles that have become deteriorated by want of action are unable to support. If the stays are not made so, (the muscles or natural means of support being already weakened) there is danger of certain ligaments of the spine yielding, and hence, of the vertebræ falling out of their natural line, and thus producing curvature of the whole column. But so prevalent is the persuasion that stays are injurious, and so little does the principle, on which they are useful or hurtful, seem to be understood, that the first thing generally recommended in a case of weakness, or yielding of the spine, is that the stays should be thrown aside, or at least that all the bones should be taken out. If a determined plan of practice, combining appropriate exercises with rest and proper support, is to be pursued, this may be all very well; but when a girl is weak, to deprive her of her artificial supports, and to leave her at once to her own physical resources, seems to be ac-

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ting in a manner very much at variance with the dictates of common sense. I have seen so many instances of the bad effects of this plan, that I cannot help expressing myself strongly." 85.

We think the above view of the case is most unquestionably the correct one. There is no doubt that, however tortuous is the feeling of tight stays at first, the poor girl soon becomes not only accustomed to them, but, in a great measure, dependent on them for support—especially after any illness when she is scarcely able to sit up so long as to dress, so feeble and relaxed are the muscles of the back. A mother naturally takes alarm at this, but attributes it to the late illness. The girl continues in the same state, and probably complains of lassitude and a weary pain in the back. The spine is now examined, and perhaps a slight curvature is discovered, with pain on pressure of certain vertebræ. She may now be condemned to lie for a year or two on the inclined plane—at all events, the bones are ordered to be taken out of her stays, under the idea that, as they produced the distortion, the increase of the evil will be prevented by their removal. It is evident that this removal will only increase the malady—the muscles now being in want of support. "Although the supervention of distortion affords a good argument against the previous use of stays, they may nevertheless be necessary to a person in this state." When the spine yields, therefore, instead of throwing away the stays, we should make them stronger, so as, if possible, to take off the weight of the shoulders and head from the lower part of the spine. The stays will not cure a distorted spine, but they may tend to prevent the spine from becoming more crooked, especially if they be combined with means of strengthening the muscles.

Of the Means of Curing a Stoop. In slight distortions there is frequently a stoop, to cure which, some instrument is usually put on, by which the head and shoulders are held back. For the shoulders, the common back collar is applied—while, to hold back the head, a ribband is brought over the forehead and fastened to the collar. These means in use, the figure looks straight, though stiff and constrained—but the moment they are removed, the head and shoulders fall more forward than before their application. This is easily explained, by the wasting of the muscles from want of use. There are many other contrivances for the cure of a stoop, on the same principles, but all ineffectual. The plan of carrying a weight behind, appended by a ribband that goes round the forehead, is worse than the others, because it calls into action the anterior muscles

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of the neck, and renders the posterior ones passive, thereby increasing the evil it is intended to remedy.

"We have many opportunities of observing the incorrectness of the principle on which all similar plans for the cure of a stoop have been founded. For instance; porters who carry burthens on the back, by the assistance of a band round the forehead, always stoop; while those who carry baskets before them suspended by a band round the back of the neck, are peculiarly erect. But the most remarkable example of the effect from the head being pulled back by a weight hung behind, is the condition of the women who carry salt in the streets of Edinburgh, for they may be recognised as much by their miserable sardonic grin, which is caused by the constant excitement of the platysma myoides muscle, as by their stoop." 97.

Here Mr. Shaw relates the case of a gentleman who had, for many years, worn one of the collars invented by Mr. Chesher, and who had the muscles of the back so weakened by it, as to be rendered incapable of supporting the column, while those on the fore part of the neck were so increased in strength, by the constant resistance opposed to them by the strap passing from the suspending rod under the chin, that whenever the strap was loosened, the chin was forcibly drawn towards the chest. By this the windpipe was pressed down or almost doubled on itself, and a sense of suffocation produced, obliging him to throw himself on his back. With much difficulty Mr. Shaw persuaded the patient to place on his head about fourteen pounds of shot. He was much gratified to find that, instead of having his head weighed down by the shot, he could support it, and could breathe with ease while in the upright posture. The object of placing the weight on the head was to give an additional stimulus to the muscles on the back part of the neck, and thus excite their action. By combining a variety of exercises, and gradually diminishing the weight on the head, Mr. Shaw had soon the pleasure of seeing his patient walking and sitting in a state of great comfort, without any artificial support.

Effects of Exercise. The question of exercise in spinal distortions, has lately been much agitated. It is very true, as Mr. Shaw observes, that the desire to go to the extreme of every fashion extends its influence even to the education of children. But a few years ago, young ladies were kept in a very inactive state, and now they are called upon for such violent exertions as to threaten another danger of an opposite kind. Many of the feats of strength, says Mr. Shaw, which young ladies now perform, are fitted only for athletics, and as they are seldom

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proportioned either to their age or constitution, the shape may be injured, while the health can receive no benefit from them. The bad effects of working a young horse too early are well known. And so among the children of the poor, who are put upon tasks beyond their natural power, we see premature age produced. Even good and nourishing food is not sufficient to avert the consequences of too early over-exertion—especially if it be sudden, and entered upon without previous training. In respect to the effect of gymnastic exercises in improving the form, Mr. Shaw offers the following observations,

"We have frequent opportunities of observing the actual deformity which arises from the disproportionate development of any particular class of muscles. For example the legs of those opera dancers, who pride themselves on their powers of making extraordinary leaps and pirouettes, are almost herculean, while their arms are comparatively diminutive. Similar effects are produced on the form of those who practise horsemanship and tumbling, although these persons are sometimes better proportioned than the dancers, from their muscular system being more generally exercised; still their muscles are so unnaturally increased, by the violent exertions necessary to their feats of strength, that their appearance may also be considered as approaching to deformity.

"But there is a more important circumstance to be considered in regard to the propriety of making children use occasional violent exertion;—the changes which may be thus produced in the condition of the ligaments of the joints. When muscles are gradually increased in strength, the ligaments become strong in proportion; but the ligaments are as likely to be hurt from the muscles being suddenly called into violent action and at an early age as by any accidental twist or strain. They are in this way liable to become spongy and relaxed, so as to produce weakness, or a condition similar to that of the joints of a young horse which has been galloppad hard, or obliged to take great leaps before he has acquired his full strength; indeed, there is much resemblance in the condition of a joint with the ligaments strained, to that of a horse which is broken down or wind-galled."* 126.

Such consequences may be guarded against by gradually increasing the degree of exertion. But even here, the joints may be injured by the unnatural lengthening of certain ligaments, as in the ancles of opera dancers, &c.

It cannot be supposed that these observations are directed against properly regulated exercise, the utility of which is admitted, but against excesses. By exercise, the several parts of the body are fully developed, and it is only by its regular per-

"* Small bunyons or ganglions, which are similar to what the farrier calls wind-galls, are sometimes found about the ankle joints of delicate girls, who have over-exerted themselves in dancing."

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formance that they are perfected, and preserved from falling into decay. In this climate, we cannot even enjoy the fresh air unless we, at the same time, keep our bodies in active exercise, and every one knows how much regular exercise conduces to the general activity of the frame, and the operations of the digestive organs. No other remedy is equal to it for correcting that morbid excess of nervous irritability which is too often observed even in early periods of life.

The question recurs—What are the appropriate exercises? It is with exercise as it is with food. Sanis omnia sana. To a boy in health, it is almost ridiculous to prescribe any particular kinds of exercise—but they may be highly useful to those who are naturally indolent. They are not, however, Mr. Shaw thinks, to be solely trusted to for the cure of spinal distortions. He has not seen any instance where exercise alone has cured the disease. It is impossible to lay down any particular plan of exercise, as it must be varied and adapted to each particular case. The reader, however, will find many judicious observations and hints in the work before us, from page 138 to page 169.

Two short sections close the work. One "On the Treatment of Contracted Joints," and the other "On Nervous Contraction of Muscles."

Mr. S. observes, that rubbers and shampooers will sometimes succeed, where expert surgeons fail. These operatives (if we may so call them) proceed in a much more violent manner than those who know the structure of the parts would venture upon. The measures used by them are well calculated to call into action parts which have been long dormant in function, and, consequently, become feeble or useless. It is no wonder, however, that some harm may be occasionally done by these violent means, when any acute inflammation happens to be going on, or set up in a joint. Still, the instances of injury from this plan are rare, it must be confessed.

"When a surgeon, for the first time, witnesses the operations of a professed rubber, he is a little startled at the violence of his operations, and is surprised at the manner delicate patients bear them. Such were my own impressions at first; but having, about eight years ago, had frequent opportunities of seeing a famous rubber at work, and having witnessed the result of his treatment in several cases, I was so satisfied that, if judiciously combined with other modes, it might not only be safe, but of the greatest use, that I have since been in the habit of ordering the women, whom I employ on these occasions, to rub and shampoo with a degree of violence, which, to some practitioners, might appear almost unwarrantable." 173.

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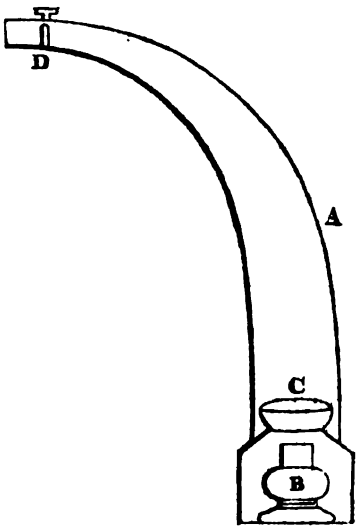
Mr. Shaw is particularly careful in the application of means to prevent the contraction after the limb has been shampooed, by proper position in the night. These means are simple and obvious. If the limb be kept constantly encased in a machine, and no exercise permitted, the muscles will waste, and when the promised period of cure is completed, the limb will be found incapable of supporting the weight of the body. Hence, the system of shampooing is far preferable to that of the instruments, if only one system is to be pursued; but the judicious practitioner will combine them, and thus draw forth the beneficial effects of both.

" In the treatment of contracted limbs, the application of vapour is often of great service. There are many modes of using it, but perhaps the plan sketched below is one of the most convenient. It is an improvement on the hot air bath, which was first used in this country, at the Middlesex Hospital. I contrived it for a young lady who had contraction of the muscles of the hip and knee, and who was always much enervated when the whole body was exposed to the vapour, as in the baths at Brighton.



" A is the tube, about three feet long, that is commonly used for the hot air bath; a hole is to be cut in its side near the bottom, of sufficient size to admit a copper pot, C, about 2½ inches deep, and 3 in diameter. This pot is to be supported by wires passing across the tube, but leave a space of three-fourths of an inch all round; the opening is to be closed by a small door. B, a spirit lamp, or an Argand lamp, trimmed

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with cocoa-nut oil, may be used. D is a stop-cock; a piece of wood is to be nailed to the back of a chair (below the seat), and through this, the nozzel of the pipe, which may be about an inch and a half in diameter, is to be passed. The nozzel may be directed rather downwards; if the chair has not a cane bottom, the seat should be perforated with holes, which are to be covered with a piece of flannel. The patient may have either two flannel petticoats, or two pieces of calico tied round her waist, which falling down surround the chair.

"The pot C is to be filled with boiling water, and the spirit or Argand lamp is to be placed below it (plenty of air must be admitted by the side and under the lamp); the water is very rapidly converted into steam, which issues under the chair in the form of vapour; a quantity of heated air also rushes up, so that the body may be quickly exposed even to a greater heat than if it were acted on merely by vapour. The degree of heat may be easily regulated either by the stop-cock at D, or by altering the flame of the lamp. If it be an Argand, it may be lowered, if a spirit-lamp it must be covered up in part, or withdrawn.

"By such an apparatus (the expence of which is little more than a guinea, if the pipe be made of tin), a vapour bath sufficient for the whole body may be prepared in a bed-room in five minutes." 179.

Nervous Contraction of the Muscles. Within these few years, Mr. Shaw has seen some curious instances of contraction of certain muscles distinctly referable to a local affection of the nervous system. They take place more frequently in certain muscles of the neck and chest, than in those of the limbs—probably from the more intimate connection of the cervical nerves with those connected with the internal viscera. Although it is always desirable to find out the *causes* of things, we must not, in the search for such causes, neglect the *effects* which are taking place, and which may become irremediable if not attended to.

"A case where this had nearly happened came under my observation last spring, and under circumstances which interested me much. A young lady had for a considerable time suffered from a train of symptoms (apparently hysterical), attended with contraction of the muscles of the hip and knee. She had been under the care of several practitioners, both in town and country, who had paid great attention to her general health. But as the hip and knee seemed to get worse, a consultation was called; the symptoms appeared so extraordinary, that the senior consultant plainly said that the patient was deceiving us; but I opposed this opinion, because I considered it more likely that she might be suffering from a peculiar nervous affection which we could not comprehend, than that she should not only deceive her friends, but submit to much inconvenience and pain. I therefore proposed, that whatever might be the cause of her present condition, whether it was a trick

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or not, we should do what had not yet been done,—endeavour to counteract its effects,—for her ancle was at this time turned round, so that she walked on the out side of her foot, and the knee was bent outwards to such a degree, that the external lateral ligament was nearly an inch longer than natural; her spine was also becoming distorted.

From having expressed this opinion, the case was rather forced upon me; and as I saw that the gentlemen who were in consultation did not expect that I should succeed in making the patient better, I was naturally more anxious than usual about the result. In the course of a short time the limb was much improved by the use of the vapour bath, shampooing, rubbing, and artificial supports, and attention being, at the same time paid to the general health, the young lady became so much better, that now, (within twelve months) she can walk so that scarcely any lameness is apparent. I have no hesitation in asserting, that if the state of the ankle and knee had not been attended to, they would soon have been irrecoverably injured." 185.

Young women are often accused of feigning diseases, when the medical attendants are not able to account for the symptoms; and of these we have seen some curious examples. We were, therefore, much pleased with the following passage in the work before us.

" Nervous affections of the muscles of the throat are more common; as, for example, a girl may not be able to speak, although she can swallow with ease, or she may have the power of speech without that of swallowing; or she may make a constant barking noise without any accompanying symptom of cold, or of inflammation of the throat. Such cases are certainly very perplexing, and as they most frequently occur in girls who are sometimes a little fanciful, they are often suspected to be feigned. But since it has been ascertained that the several functions are regulated by separate nerves, it cannot appear extraordinary that one may be disturbed while the others continue right. Such cases have been generally called hysterical, and this name is, perhaps as applicable, as any other; but I repeat, that scarcely on any occasion, when a girl has symptoms of a spasmodic affection, are we warranted in alleging that she is feigning, and certainly not unless we can show that the symptoms are incompatible with the facts already discovered regarding the functions of the several nerves." 189.

A very remarkable case occurred within these few years, in the person of a young lady, Miss W——, of Stoke Newington, who was seen by a great number of physicians and surgeons of this metropolis—some of whom considered the complaint as simulated.

The young lady, after a walk in her garden in a damp and cold day, was seized with such difficulty of breathing and incessant cough, that her medical attendant supposed there was laryngeal inflammation, and immediately bled her, but with

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very little or no benefit. The breathing continued with such a loud croupy sound, that no person in the house could get any sleep, nor did the young lady herself sleep for many nights in succession. All this time, however, the pulse was quiet, the skin cool, and the tongue clean. One physician pronounced the disease ulceration of the larynx, and requested that he might be sent for when the lady died, as he intended, with leave of the relations, to open the body, and demonstrate the truth of his opinion. Other physicians thought differently—and one or two accused the patient of simulating these distressing symptoms. The complaint continued, with slight remissions, for nearly two years, and was once interrupted completely, for a time, by the carbonate of iron, in scruple doses, prescribed by Sir Astley Cooper. Tonics, on the whole, did more good than any other class of remedies. It is now more than two years since the commencement of this unfortunate young lady's sufferings. Her breathing is, at present, easy, but she has entirely lost her voice, not being able to make herself understood, even by whispers. We hope Mr. Wight or Mr. Richardson will one day state the particulars of this most curious and interesting case. The former of these gentlemen was requested to keep notes of it by the Editor of this Journal, who occasionally visited the patient. We consider it as a case corresponding with those alluded to by Mr. Shaw.

The spasmodic affections in question do not often occur in the limbs; yet Mr. Shaw has seen one case where the knee has continued for weeks as stiff as if an iron rod had been passed from the tibia to the centre of the femur. For this affection he repeatedly applied leeches and blisters, but would not do so again, "as such cases often get well suddenly, and do not appear to be influenced by local treatment."

"A young lady had a pain in her knee, the muscles of which were, at the same time, violently contracted. She had been for some months under the care of a surgeon in town, who applied blisters, &c. but without any good effect. She went down to Brighton, used the vapour bath, and was shampooed; in a few days afterwards she was seen walking on the Steyne.

"In such a case as this, we cannot wonder that the patient should be accused of deceit by the surgeon, or that Mahumed, the shampooer, should be considered, by the friends of the patient, as more clever than her surgeon." 193.

We must now conclude our short notice of Mr. Shaw's work. Our readers will have perceived that it consists more of strictures and remarks on doctrines and practices already in use, than of new doctrines or plans of treatment proposed by the

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author. Yet there are many original observations, and some novel views, physiological and pathological, scattered through the volume. Mr. Shaw's criticisms are generally just, and his book will be very useful in correcting erroneous notions, especially among non-professional readers. Those who have the superintendence of the education of female youth, would find in this volume most valuable hints for preserving the health as well as the symmetry of the young ladies under their charge. Mr. Shaw is already so favourably known to the profession as to insure a good reception for his work in that quarter.

V.

An Essay on Tetanus, founded on Cases and Experiments. By Joseph Swan, Member of the Royal College of Surgeons, and Surgeon to the Lincoln County Hospital. Octavo, pp. 98. London, 1825.

Tetanus is among the very many diseases of which we are nearly ignorant, both as regards the pathology and treatment. Although the facts contained in Mr. Swan's little brochure are rather too few for the foundation of a theory, yet they may become valuable by leading to further investigation in this formidable and painful disease. The first time Mr. Swan had an opportunity of making a complete dissection of a tetanic patient was in May 1823, and he then observed an unhealthy appearance of many of the ganglia of the great sympathetic nerves. He could not, however, determine, whether the said appearances were connected with the tetanic symptoms, or caused by the remedies employed—calomel, opium, and spirits of turpentine. In the following November, he dissected another body, where the person had died of tetanus—and there again he found the ganglia of the grand sympathetic exhibiting similar appearances. He, consequently, began to think, that the altered state of the ganglia might stand in the relation of cause to the disease. About this time, he found that Dr. Aronssohn, of Strasburg, had observed similar appearances—as well as the younger Andral, who discovered a great redness of the semilunar ganglia in a patient who laboured under fever, and died with symptoms of tetanus. While making some experiments on this, a third case occurred in the practice of Mr. Macauley, who permitted Mr. Swan to be present at the examination of the body,

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and they found appearances similar to those already alluded to above. When he had nearly finished his observations on the disease in question, he read the following opinions of Mr. Abernethy, as published in the 5th volume of the Lancet.

"When the irritable and sloughing state of the wound shall have gone off, when healthy granulations have formed, and the cicatrix is rapidly advancing, in this state tetanus may occur. How are we to account for this? I am inclined to think that it is to be accounted for in the following manner. We know that the disposition to disease occurs long before the action of the disease takes place. In the painful and bad state of the wound, the disturbed state of the nervous system has produced disease of the digestive organs, which re-acted on the nervous organs; so that the disorders have reciprocally aggravated one another; so that, at last, even though the wound is drawing to cicatrization, or has even healed, and there is no longer any local irritation, the disposition to Tetanus, from the established irritation of the cerebral and visceral functions, comes into activity. Perhaps those who know nothing of the opinions I have formed on subjects of this kind, may not thoroughly understand what I mean. I propose this as a question to surgeons, Whether the disordered state of the digestive organs, established during the irritative state of the wound, may not be the occasion of Tetanus when that irritative state has ceased?" 8.

Mr. Swan has also perceived a correspondence between his own opinions and those of Mr. Abernethey, in the work of Dr. Good—a correspondence which naturally tends to strengthen the probability of the said opinions. Conceiving it to be a matter of considerable moment to ascertain how the body is usually affected by injuries and diseases, Mr. S. has thought it necessary to premise his observations by a short enquiry into the nature of—

CONSTITUTIONAL IRRITATION.

In slight local injuries, no constitutional disturbance ensues; but, where the injury is severe, the whole body sympathises, and the functions of every part become more or less deranged —especially those of the digestive organs and circulating system. These sympathetic functional disturbances leave traces of material change after death, of which the following case is an illustration.

"Susanna Graham, a stout-looking girl, æt. seven years, was burnt by her clothes catching fire, on the 20th of August, 1823, at noon. The thighs, and arms and back, were the parts affected; but some of them appeared to be burnt deep. The skin of the abdomen was not burnt. She did not appear to suffer much pain. Mild ointment was applied to the affected parts.

"21st. At ten, A.M. she complained of pain in her belly. She had

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vomited several times. She wandered a little and was cold, and her face was death-like. She said she remembered me. The pulse could not be felt in either arm. Purging medicines were given her, but they did not remain in the stomach.

"In the evening the pulse was perceptible, but she appeared weaker, and was quite insensible; the pupils of the eyes were much dilated, and did not contract on the approach of light, but she could see, for she attempted to blow out the candle. Six leeches were applied to the temples. She died at one, A. M. on the 22nd.

"*Examination.*

"The lungs were very purple and loaded with blood. There were spots of ecchymosis behind the posterior mediastinum on the left side; there was a great vascularity on the outside of the aorta; there was some fluid in the pericardium.

"There was an increased redness on some parts of the omentum, but the peritoneum appeared healthy. The liver was generally pale, and especially on its concave surface. There were some spots of redness on the villous coat of the stomach, but I could not decide that they amounted to disease. About six inches of the jejunum were highly inflamed.

"All the ganglia of the grand sympathetic nerves in the chest were vascular. On the right side, the semilunar ganglion and all the rest of the ganglia in the abdomen were very vascular. On the left side, the semilunar ganglion and the first in the abdomen, formed by the continuation of the grand sympathetic nerve, were very vascular, but the others were not. The nerves of each axillary plexus were very vascular. The sciatic nerves within the pelvis and the anterior crural nerves were vascular, but not near so much so as the axillary plexus." 14.

Mr. Swan thinks that the ganglia of the great sympathetic become irritated after every accident in which the constitution sympathises with the injured part—and that the functions of the parts supplied by them with nerves are, in consequence, disturbed. The heart's action is increased in proportion to this degree of irritation in them, so long as it continues moderate. But even where the injury is, in the first instance, slight, yet, if the constitution be irritable, or the body exposed to cold or other causes of disorder, it will produce a very considerable constitutional disturbance, not unlike what arises from a more serious injury. Mr. S. relates a case in illustration, of which we shall present some of the particulars.

An old woman, aged 80, fell down, on the 14th November, and injured her hip, where she complained of violent pain. Mr. Swan could not ascertain whether or not there was fracture of the neck of the thigh-bone. She had a great deal of constitutional irritation. She lingered out a month and a few days,

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during the latter part of which she complained of pain in the abdomen, which was very tender on pressure. She died on the 19th December. On examination, a fracture of the neck of the thigh-bone, entirely with the capsular ligament (the reflected part of which was not torn) was found, and the greater part of it united. Although it is granted that fractures of the neck of the thigh-bone may unite within the capsular ligament when the reflected part is not torn, yet when we consider the patient's age in this case, and the terrible constitutional disturbance that was going on from the date of the accident till her death, a space of only five weeks, we confess that we feel great surprise, or almost a doubt of there having been a fracture, and of its firm union by bone, under such circumstances, notwithstanding that Sir Astley Cooper acknowledged it to be such. We have seen several sections of the bones of aged people, and they very generally shew white lines running across the neck of the femur, having the appearance of former fractures united, although no such fractures had ever taken place. We should be glad to know whether Mr. Swan examined the other hip-joint, and what were the appearances there. These observations, however, are only thrown out as hints, and not, in the slightest degree, meant to question the discrimination of the able surgeons above alluded to. Mr. Swan has another preparation, taken from a woman who lived about the same time after a similar accident, and in which almost the whole of the reflected ligament was torn. Not the least union had taken place. But to return to the dissection of the old woman of 80. There was violent inflammation of the semilunar ganglia. The viscera of the chest were sound. The outside of the aorta was very vascular, as were all the intestines—bordering, in fact, on a state of inflammation. There was no other particular appearance.

Here our author relates a series of experiments made on animals, with the view of illustrating the subject under discussion. These experiments, eight or nine in number, chiefly consisted in the production of constitutional irritation in wounds of animals, by the introduction of irritating substances, as arsenic and gamboge. In almost all these experiments, the ganglia of the great sympathetic nerves were found inflamed. We now come, however, to the main part of the work, the cases of tetanus where the appearances abovementioned were found in the human subject. Previously, however, to the detail of these cases, Mr. Swan deems it necessary to answer an objection that has been made to the ganglionic appearances abovementioned. The objection and answer will be best seen by the following short extract.

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"Although I am well convinced, from numerous dissections, that the ganglia of the grand sympathetic nerves have a great vascularity, induced only by several medicines and diseases, yet some are inclined to think that this appearance is present in a state of health. In answer to this opinion, I beg to observe, that I examined an executed subject immediately after it was cut down, and found the ganglia of a pearly appearance, and free from any mark of vessels carrying red blood. I have found one ganglion very red from a number of vessels filled with blood, and the corresponding one nearly white; and I have so often observed this difference, and in such a marked degree, in the same subject, as to leave no more doubt, in my mind, of its being the effect of a state of inflammation, or something bordering on that state, than there is of similar appearances constituting the inflamed conjunctiva of one eye, and the uninflamed state of the other. If a judgment is formed from the appearances presented by an injected subject, it will be erroneous, for it is always impossible to speak decidedly of the natural degree of vascularity of any part of a subject which has undergone such a preparation. The ganglia may be made red by injection, and so may the conjunctiva of the eye; we may, therefore, fairly conclude, that if the injection fills numerous vessels of the eye, which could not be observed during life, that this appearance is equally foreign to the ganglia during health." 48.

IDIOPATHIC TETANUS.

Case 1. (By Mr. Macauley.) *30th November*, 1824. Richard Ward, ætat. 10, hitherto enjoying good health, perceived a stiffness in his neck this morning, but without pain. After exposure to a bleak air this day, he was suddenly seized with a violent tetanic spasm over the greater part of the body. A quantity of rum and water was given him hot, and no medical assistance was sought till the next day, during which interval the spasm never ceased, and the symptoms were on the increase. *Dec.* 1. Mr. M. saw him at one o'clock, lying on the bed, perfectly rigid, there being complete opisthotonos. The susceptibility of the whole nervous system for conveying irritation and receiving impressions is excessive. Touching any part of the body will frequently produce a spasm. The same is the case when he attempts to swallow fluids. We need not detail the symptoms of a disease so well known. He was bled to twelve ounces, which gave great relief. A dozen of leeches were also applied to the spine, and some calomel given in sugar. Afterwards 24 leeches were ordered to the back, but before they could be applied he died. He was examined on the 2nd December, eleven hours after death.

A volvulus was found in two portions of the small intestines, the inner coats of which bore marks of great irritation. The ganglia of the great sympathetic nerve were examined minutely.

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healed, the passions, improper food, and other causes, may continue, reproduce, or increase the disordered state of the organs receiving nerves from the ganglia, and thereby excite a fresh irritation in them.

"When the ganglia of the grand sympathetic nerves have once been in a state of irritation, I believe they are very susceptible of its renewal. When they have become again irritated, we can readily conceive that the irritation may be communicated to many of the cerebral, and all the spinal nerves, and from these to the medulla spinalis, and we can then easily comprehend how tetanic spasms may be produced." 77.

Case. Master Patrick, a youth 12 years of age, had the upper part of his thigh and other parts burnt, by the explosion of some squibs in his pocket, on the 5th November, 1823. He had some subsequent fever, but no vomiting nor any unfavourable symptom till the 14th November. His appetite had returned, and most of the sloughs had separated, the vacuities being nearly filled up by healthy granulations. On the last-mentioned day, he complained of pain at the stomach and sore throat, but could open his mouth very well. 15th. There came on trismus, with some slight spasms, and much difficulty of swallowing. He died the next day, with symptoms of trismus and opisthotonos.

Examination. The dura mater adhered to the skull more strongly than natural—the vessels of the brain were much loaded with blood—the brain itself healthy. There was some fluid in the sheath of the spinal marrow—and the vessels of the pia mater, especially near the cauda equina, were much loaded with blood. The medulla itself was not unhealthy. All the ganglia of the great sympathetic nerves in the chest were very vascular. The right semilunar ganglion was more vascular than natural; the left had a pearly appearance, and was entirely free from any mark of blood-vessels. Many of the absorbent glands in the abdomen had a remarkably red appearance.

Our author concludes his work with a few observations on some of the symptoms of tetanus, and the parts which appear to be implicated in the disease, together with an inquiry into the inferences which may be drawn from them as to the methodus medendi.

The cause of the spasms, he thinks, seldom exists in the injured part; for, although a temporary alleviation sometimes follows the removal of the part, the spasms return with the same violence as before.

The muscles affected in tetanus are supplied with nerves both from the brain and spinal marrow. Are these organs, or only their nerves, disturbed in the first instance? The functions of the brain are seldom deranged, except towards the close of the

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case—and not always then. On dissection, we find vascularity of the pia mater, as in many other diseases—an appearance which is probably only an *effect* of the general disturbance. The muscles of mastication and deglutition are the first affected, and yet the nerves distributed to them are principally derived from the brain. This is a very unaccountable circumstance. The increased vascularity of the pia mater of the medulla spinalis, our author looks upon only as an effect—but it shews that great irritation prevailed there.

"As the disease attacks the muscles supplied with nerves both by the brain and medulla spinalis, and neither of those organs appear in the first instance to have their functions disordered, we may fairly conclude that the cause resides in some other part.

"No other parts except the ganglia of the grand sympathetic nerves have a similar, or so free, a communication between the nerves supplying the muscles usually affected; and in all the examinations after the death, both in the human subject and the animals killed by the extract of nux vomica, I have found an increased vascularity of some of those ganglia." 89.

Mr. S. does not mean, however, to assert, that tetanus is a specific complaint, entirely seated in the ganglia of the great sympathetic nerves—but only that the ganglia are the important parts of the nervous system to which the first irritation tends, and from which it proceeds to the rest of the nervous system. We shall conclude our analysis with the following extract respecting the *methodus medendi*.

"From the appearances on dissection of patients who have died of this complaint, I cannot help concluding, that there is a state of parts bordering on inflammation, and therefore that general blood-letting is indicated. Fever, and other decidedly inflammatory symptoms, may not generally be present, yet they sometimes exist in a very great degree, as was most particularly exemplified in an interesting case* related by Mr. Earle.

"With a view of removing this congestion of the vessels of the medulla spinalis, blood should be taken from the back by leeches or cupping.

"The functions of the digestive organs are very frequently disordered, and as this state must aggravate all the other symptoms, every possible attempt should be made to restore them.

"I propose it as a question, Whether an emetic should not be given after general blood-letting has been employed, if the mouth be sufficiently open to allow of the ejection of the contents of the stomach?

"In the second case, the spasms ceased and never returned after vomiting took place. Nothing particular was ejected from the stomach,

* "Medico-Chirurgical Transactions, vol. vi. p. 93."

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and therefore we cannot but suppose that the action of vomiting had a salutary effect on this organ; a circumstance very often witnessed, when every other medicine has failed to restore its disordered functions.

"After the emetic, or if this has not been used, the patient ought to be purged as soon as possible. A few doses of submuriate of mercury may be given, and any other strong purgative, until the bowels are freely emptied.

"In experiments on animals, I have found decided marks of inflammation of the ganglia of the grand sympathetic nerves produced by mercury. As there is a similar appearance of the ganglia in Tetanus, I cannot help supposing, that the use of mercury is very doubtful, if not altogether hazardous; and so many cases on record, in which it has failed to restrain the disorder, show that it cannot by any means be depended on. I am willing to believe that practitioners may have thought it beneficial, because a patient who has used it has recovered. I have seen it administered in chronic Tetanus, and the patient has got well; but the recovery was very slow; and whether it had any influence over the disease is most difficult to determine. These observations on mercury may well apply to constitutional irritation.

"When the patient has been well purged, it appears reasonable to suppose that quieting and relaxing medicines may be of use, as the pulvis ipecacuanhæ compositus given in frequent doses.

"Whether the meadow saffron would have any influence over Tetanus, I cannot determine; but from the appearances on dissection, I do not despair of a discovery of some similar medicine, which has a powerful influence in allaying irritation of the nervous system, for the removal of this dangerous and painful disease." 96.

We think Mr. Swan is entitled to the thanks of his medical brethren, for the zeal and ability which he has shewn on this, as well as upon many former occasions.

VI.

Elements of Operative Midwifery, comprising a Description of certain new and improved Powers for assisting difficult and dangerous Labours; illustrated by Plates, with cautionary Strictures on the improper Use of Instruments. By DAVID D. DAVIS, M.D. Member of the Royal Colleges of Physicians of London and Edinburgh, formerly a Physician of the Sheffield General Infirmary; late Obstetric Physician to Her Royal Highness the Duchess of Kent; one of the Physicians to the Royal Maternity Charity for delivering

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. Poor Married Women at their own Habitations, &c. &c. Quarto, pp. 345. London, Hurst, Robinson, and Co. &c. June, 1825.

The numerous elementary and systematic works which have been published on midwifery since the time of Smellie, whatever they may have added as improvements to the practical precepts which he laid down, have absolutely failed in obtaining for this department of the healing art, a due degree of attention and respect from the profession in general. There are many enlightened and able men who, even while engaged in prosecuting the practice of other departments, with honor to themselves and advantage to the public, have not been ashamed to speak slightingly of midwifery, as a pursuit unworthy of a man of talents, and beneath the dignity of a science. Whether the little estimation in which midwifery has heretofore been held has been, in any degree, owing to the conduct of its professors, we shall not pretend to determine, but we believe that the time is fast approaching, when any gentleman pretending to have had a liberal professional education, will be ashamed, at least, to avow his ignorance of midwifery, and when the importance of precise and scientific acquaintance with its principles will be universally acknowledged by all, who can be considered competent to form a sound opinion on the subject.

Works on midwifery, as on other departments of medicine, have perhaps been obtruded upon the public, not so much for the purpose of conveying instruction or adding any thing new to the general stock of information, as to shew forth the merits and pretensions of some young candidates for practice. The volume of which the title is recited at the head of this article, is of a very different description. It is, in the strictest sense of the word, an original work, the fruit, evidently, of much laborious investigation and careful study, now offered to the profession as a contribution towards the improvement of that department to which, however unworthily despised by many, the learned author has long and zealously devoted his chief attention. The principal object of the work is to ascertain the principles upon which the expediency or necessity of resorting to the use of obstetric instruments ought to be determined, to point out the defects of the instruments heretofore in use, and to explain and recommend certain improvements in their construction and in the modes of operating with them, which the author's experience has suggested to him. From the little attention that has, for many years, been bestowed upon

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the study of this art, many of our readers may not be aware of the necessity of such a work, but we are sure that no person will deny that the subject requires investigation, if he will, for a moment, reflect upon the vast difference that exists as to the proportional frequency with which obstetric instruments are employed by different practitioners and in different obstetric institutions in various parts of Europe. To enable our readers to form a judgment upon this point, we shall here quote a statement from near the conclusion of the work under review, from which it appears that while, in some institutions, obstetric instruments have not been used above once in seven hundred and forty patients, there are individual practitioners who have actually used them as often as once in every three!

"Of all the questions that may occur during a deliberate consideration of this subject, (instrumental midwifery) none can exceed in importance that of the average frequency with which we should resort to the instrumental resources of our art. I am sorry to say that we are not yet in possession of sufficient documentary evidence to enable us to decide this point; whilst the evidence we have is of so unsatisfactory and conflicting a nature, as to afford us but very slender materials for useful practical induction. It has been stated by Professor Boer, (see Medicina Obstetrica, p. 443) that the forceps has been used in the practice of an individual, or of individuals, whom, however, he has not chosen to name, in *nearly* one case out of every three labours. Professor Hagen of Berlin (Versuch lines lehrgebaüdes der Pratischen Geburtshülfe) delivered thirty-nine women out of three hundred and fifty, or one in nine, with the forceps. Professor Nägele, of Heidelburg, reports, that in the practice of the Lying-in Institution, of that city, for the years 1817 and 1818, he used the forceps once in fifty-three cases; (see the Quarterly Journal of Foreign Medicine and Surgery, vol ii. p. 288) Mr. Burns (Principles of Midwifery, edit. 6, note on p. 441) gives the proportions of Professor Nägele as 'very much corresponding with those of his own list.' In a statement of presentations at la Maison d'Accouchemens, between December, 1799, and May, 1809, furnished by the late M. Baudeloque, (see Merriman's Synopsis, 306) we have the proportion of forceps to the whole number of labours, as one in three hundred and fifty-three. In a synoptic table of the practice of l'Hospice de la Maternité, between 1797 and 1812, giving all the labours at 20,357 during that period; Madame Boivin (see p. 354 of her Memorial de l'Art des Accouchemens) reports, that the forceps was used ninety-six times, *i. e.* once in two hundred and twelve cases. Madame la Chapelle, head Midwife of la Maison d'Accouchement of Paris, in her Pratique des Accouchemens, vol, i. table comparative, No. 3, reports the proportion of forceps cases to have been one to one hundred and sixty-six. The entire number of labours amounted to 15,481 in nine years, wanting a few weeks. I have private, but official authority for stating, that the forceps was applied eight times in the year 1823, in

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the lying-in wards of the Obstetric School of Göttingen; where the whole number of patients is stated to have been one hundred and fifty; giving the proportion of forceps operations to all the labours as one to eighteen and three fourths. I should in justice add, that my learned correspondent follows up this information with a very important explanatory remark; viz. that he is in the habit of exercising a large discretion in the selection, for admission to the institution, of persons most likely to require the assistance of art. In a similar communication from Dr. Cederschjold, Professor of Midwifery at the University of Stockholm, I have been obligingly informed, that the forceps had been used for some years past at the Obstetric Institution in that city, on the average of one in a hundred cases. Dr. Luders, a physician of the official rank of Royal Danish District Physician (Laud Physicus) at Eikenfüde, in Holstein, states the proportion of forceps cases, in his practice, as one in a hundred and nine, on the average practice of three years. M. Lobstein reports that he used the forceps, in the lying-in wards of the Civil Hospital, at Strasburg, twenty times in seven hundred and twelve cases (see Leroux' Journal de Médécine, vol. xxxvi. p. 125.) The late Dr. Bland, in his 'calculations of the number of accidents or deaths which happen in consequence of parturition', &c. &c. (Philosophical Transactions, vol. lxxi.) reports, that he used one branch of the forceps in four hundred and twenty-four cases. Taking the mean proportion of forceps cases as given in six different reports of the practice of the School of Midwifery, at Vienna, under the direction of the eminent Professor Böer, (vide Medicinæ Obstetricæ, p. 65, 131, 203, 429, 486, and 585) we have one forceps operation in two hundred and thirty-eight labours. In Dr. Clarke's Abstract of the Dublin Lying-in Hospital Registry, it is stated, that in the practice of that great national establishment, between the 1st of January, 1787, and the 1st of October, 1793, during which period 10,387 women were delivered, the forceps was used fourteen times."

Dr. Davis considers the proportion of one in fifty-three, which is approved of by Professor Burns, as at least four hundred per cent too great, and he comes to the conclusion, that the forceps cannot be required more than once in three hundred, or, at most, once in two hundred and fifty cases. While such a striking difference of opinion exists upon a subject, the importance of which can hardly be questioned even by those by whom midwifery may be held in low estimation, it is impossible not to suppose that the use of obstetric instruments has heretofore depended upon the caprice or inclinations of individual practitioners, rather than upon the skilful application of any acknowledged scientific principles to the guidance of their decisions. A work, the object of which, is the ascertainment of such principles and the illustration of the rules according to which they ought to be applied in practice, cannot in these circumstances fail to attract the attention of the profession, and

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if it be executed with even moderate abilities, and contributes in any degree to remove the obscurity in which the subject has so long been involved, it must have a beneficial influence on the art. Whatever judgment may ultimately await the labours of Dr. Davis, it cannot be said that his time has been thrown away in cultivating a field where cultivation was not required; and, whether the opinions which he inculcates, and the alterations which he proposes, be generally adopted or not, the object he had in view must be more or less accomplished by the discussion of the subject. That he has taken immense pains to obtain a perfect knowledge of the art, the principles of which he professes to investigate and to teach, is manifested by the numerous and minute references which he gives to preceding authors. It is only upon reading the work carefully, however, that a just estimate can be formed of the extent of the author's reading, for although he gives accurate references for the illustrations which are furnished by other authors, he has not followed the usual custom of placing the references apart at the bottom of the pages so as to strike the eye. We have reason to know that in his search after information on this subject, Dr. Davis was not satisfied with all that his acquaintance with the ancient languages, and their more immediate offspring, the French and Italian, in addition to our own, were calculated to give him access to; but it deserves to be noticed, as no ordinary effort of assiduity, that he should have found it possible, within the last five or six years, in the midst of his otherwise laborious duties, as a public lecturer, and physician to several public institutions, besides the avocations of private practice, to make himself so far familiar with the German language, as to be able to read the works of the best authors, and to search throughout the numerous periodical works which are printed in that language, for facts illustrative of his favourite subject of study.

Extensive, however, as is evidently our author's acquaintance with whatever of value has been written upon the subject, it is impossible to peruse his work without being struck with the caution with which he admits either matters of fact or reasonings, which are not in some degree supported and rendered probable by concurrent facts, derived from his own experience. Indeed, it is manifest from his manner of treating the subject throughout the present work, that he has chosen to write about things with which he is practically familiar, rather than to display a specious and systematic classification of names which might have been wholly derived from books at infinitely less trouble and expence. On some important points of doctrine

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and practice, the learned author differs widely from opinions, which, having emanated at first from writers of great authority, have been received and acted upon by the profession in general almost without inquiry, and have been copied into minor systematic works as unquestionable axioms.

With respect to the instruments employed in midwifery, a glance at the plates will shew to any person who has paid attention to the subject, that some of the old ones have been re-modelled upon new principles, and that several entirely new, are proposed by the author to supply the place of the imperfect and unsafe instruments heretofore known to the profession. Our author, however, does not confine himself to the mere consideration of the mechanical questions involved in an inquiry into the best modes of constructing and using obstetric instruments, but enters in detail into all the circumstances that relate to the expediency of the operations themselves. In these interesting inquiries he draws pertinent and valuable illustrations from the works of preceding authors, as well as from his own observation. Though the work may, therefore, be said, in conformity with its title, to relate chiefly to the operative or mechanical part of the art of midwifery, it embraces, in fact, a full consideration of the most important questions of doctrine and practice belonging exclusively to this department of medicine.

Having premised these remarks on the general scope and character of this work, we shall now endeavour to give such an analysis of its contents as shall satisfy the readers of this Journal, that we have not over-rated its value, and at the same time, do justice to the new and interesting materials with which it abounds.

The work is divided into six sections, of which, the first is confined to general and introductory remarks on operative midwifery, and more especially on some of the causes that have contributed to retard its improvement as a branch of the Art of Medicine. As an explanation of the still barbarous and imperfect state of the operations of midwifery, Dr. Davis notices the fact, that except where the necessity of some surgical operation was anticipated, no male practitioner ever had been engaged to attend a female till one hundred and eighty years ago, when Julian Clement, a professor of surgery was employed to deliver the Duchesse de la Viliere, a mistress of Louis XIV. After this period, great obstacles existed to the general employment of male practitioners. One circumstance, which had great weight with the female sex, was the apprehension, by no means without some foundation, that in-

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struments would be unnecessarily resorted to. After Gifford first used the forceps, some became zealous partisans in favour of that instrument, and the natural consequence was, that it was often indiscriminately and improperly made use of. Another party again were no less active in opposing and reprobating the forceps, and the same observations may be applied to the lever. These violent proceedings had the effect of involving the instruments themselves in discredit and neglect; or, in other words, of retarding professional improvement in this important department of practice.

"In adverting," says our author, "to the slow progress of improvement in the mechanics of midwifery in England, since the time of Gifford and Chapman, it is impossible to overlook the remarkable influence which was exerted in this respect by Dr. William Hunter. The substantial talents of that eminent individual, aided possibly by something of adventitious distinction to which he was raised by his contemporaries, gave great weight to all his opinions on popular and practical subjects. It unfortunately happened, that by virtue of his general reputation, he also exerted a predominant influence as a practitioner *of* midwifery, and most certainly without being justly entitled to the credit of pre-eminent qualifications for its duties. It has been, indeed, stated, that he professedly engaged in its practice as a source of emolument, and in perfect subservience to other objects of ambition. (See Dr. Foart Simmons' Life and Writings of Dr. William Hunter.) By a concurrence, however, of several fortunate circumstances, he soon succeeded to the practice of Sir Richard Manningham and Dr. Sandys, without the drudgery usually attendant upon what is called establishing a practice, and, therefore, presumably without having been compelled to make himself master of the greater difficulties of the art. Not to insist, however, on the value of this inference, it is a well known fact that he never made a single accession to its mechanical resources. It may be worthy of remark, that it was a part of the character of Dr. Hunter's mind to admire, even to devotion, the resources of unassisted nature, and to look with extreme jealousy and distrust upon all interferences of art, as auxiliary to natural functions. For these reasons, and others, perhaps, more immediately connected with the state of midwifery at his time, and having reference more especially to its then misfortunes, imperfections and competitions; he was not many years in the practice of it, before he became the leader of a powerful party of obstetric alarmists, who, by glowing representations of the sufficiency of nature in almost all cases whatever, and heavily charged descriptions of the abuses and dangers of instrumental methods of delivery, embodied a prodigious influence against the pretensions of operative midwifery in general;—an influence, indeed, which not only had the effect of repressing much of the ignorant daring of the period to which it was particularly intended to apply; but which has continued to operate with more or less activity ever since, and upon the whole, to the extreme prejudice, I might add, to the almost entire suspension of improvement in this department of the art."

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Dr. Davis proceeds to notice the fact, that this department of midwifery seems not to have been made the subject of particular study by any person possessed of a turn for practical mechanics, either in this country or abroad, since the time of Smellie. The general body of practitioners have, indeed, wanted opportunities to prosecute it with advantage on a sufficiently extensive scale, while of the comparatively small number attached to the more extensive obstetric institutions, some may have neglected it from simple preference for other studies of perhaps equal importance to the art, without intending to disparage its value; whilst others, there is reason to fear, from a false estimate of its utility, imputable possibly to early prejudices, have treated it with blameable indifference, and, occasionally, as Dr. Davis believes, with loose levity and reprobation.

"Now," says he "the natural function of parturition either does or does not, in any circumstances whatever, require the aid of instruments for its safe or even possible performance. If it does not, then in the name of all that is good and consistent in conduct, and for the sake of our common humanity, why does not some ascendant genius, some fond disciple of Hunter's wary school, shake off an unworthy lethargy in so sacred a cause, and advance boldly to proclaim the truth of so delightful a doctrine? But if on the other hand, it is an incontrovertible fact, that instruments are sometimes of great use in the practice of midwifery; nay, that they are sometimes indispensably necessary to save life; then, indeed, must it inevitably follow, that the business of this department of the art is at least as much the object of study and improvement as that of any other; and that to attempt to involve its very serious duties in discredit, or to connect with them the imputation of an inferior degree of importance, can only be deemed worthy of great ignorance or extravagant conceit—the sources, in fact, from which such conduct has invariably proceeded."

However strongly Dr. Hunter and his admirers may have insisted upon the propriety of abstaining from any artificial interference in the function of parturition, and upon leaving almost every thing to be accomplished by the unassisted powers of nature, we believe that no one in the present day will be found to defend the extent to which they carried their peculiar doctrines; for example, who will attempt to justify the dangerous practice which Dr. Hunter once adopted of leaving the placenta in all cases whatever to be expelled without manual assistance? Nor do we think that any person will be bold enough to accept Dr. Davis's challenge, and attempt to maintain that, the aid of instruments is not occasionally absolutely indispensable to the preservation of life. But, if this be conceded, the inference which he draws is not only logically, but

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naturally correct, namely, that this department has as good and legitimate a claim to be made the subject of study and improvement as any other; and, certainly, to hold it out as unworthy of serious attention can proceed only from culpable ignorance of its real importance. So far, indeed, is the importance of midwifery in general from being properly appreciated by the profession, that our author states it as

"A fact equally notorious and remarkable, that the profession of midwifery, for many years viewed with suspicion, perhaps with disdain, in certain high quarters, is not even yet deemed worthy of the smallest recognition, much less of protection and encouragement by any of the learned professional colleges or corporations of England. I am sorry to add, that those impressions, so obviously injurious to the best interests of the art, are not confined to the public bodies of the profession, nor to any privileged casts of practitioners, whether physicians or surgeons; who may be supposed to act under the influence of the jealous and exclusive spirit of their respective institutions. On the contrary, they prevail to a lamentable, and, I am afraid, to an increasing extent amongst the profession generally. I am informed, that of late years, it has become a very common practice with a certain class of students, whilst *engaged* in *walking* the hospitals, to speak of midwifery as a very subordinate object of attention, and of the knowledge of its 'few and simple duties' as being easily attainable by private reading, and therefore not worth the time and the very moderate expence usually bestowed on the acquisition of it by some of their better informed fellow-pupils. Loose notions of this kind, as of course they are not the original and innate conceptions of these young gentlemen's minds, nor can they be admitted to be the results of any legitimate and well-founded induction, are, no doubt to be ascribed to the influence of a very defective and vicious system of early professional education, to associations contracted during the listless years of apprenticeship, and not unfrequently, as I have good reason to know, to the ignorant counsels and precepts of incompetently educated masters. It is a fact, which it would be difficult to believe, were it not perfectly well authenticated, that these latter worthies have sometimes foisted into their last and farewell instructions to their pupils, when on the eve of departing for London or Edinburgh, to finish their professional education, the extraordinary advice, 'not to put themselves to much inconvenience as to attendance on midwifery lectures,' adding, 'that the principles of that art are few and simple, as also very well detailed in books; and as to skill in practice, that it is only to be acquired by actual experience on the living subject.' In accounting for conduct so preposterous on the part of these veterans (for I am not willing to impute it to any considerable number of the younger general practitioners of the kingdom,) we are bound to presume that they must themselves be miserably incompetent to encounter the greater difficulties of the art—often too ignorant even to recognize some of the difficulties here supposed, and therefore probably wholesale dealers in one or two

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of the more capital and fatal operations of midwifery. Such men, however, are many of your reputed clever fellows, the loudly lauded darlings of their districts, experienced masters of many arts, persons renowned for quick decisions, solitary and self-alone consulting operators, cool and steady-handed drivers of pointed steel into living fœtal sculls. Few and simple duties! What difficulties, indeed, could be anticipated, as likely to arise in the routine of ordinary practice, of sufficient magnitude to resist the power of such ruthless operators! Dead children, like dead men, can tell no tales; and at any event, still-births are occasional and unavoidable occurrences in the practice of the most consummate professors of the art. Nevertheless, let the wretchedly taught pupils of such instructors be persuaded at least to take the opinion of better informed advisers as to the essential value of obstetric studies."

Not being acquainted with the particular facts which Dr. Davis seems to have had in view when he penned the foregoing remarks, we are willing to suppose that there are but few practitioners extensively employed, to whom they could apply in their full extent, but we have inserted them here, because it is self evident that the preposterous custom of dissuading pupils from bestowing particular attention on the study of midwifery must have a tendency to produce practitioners, and to perpetuate practices such as Dr. Davis so warmly and justly reprobates. If there be any number of individuals in the profession to whom Dr. Davis's remarks might with justice be applied, we trust that in future, such men will be contented to pursue their practices in silence, and will desist from attempting to prevail upon young men to imitate their example by entering upon the practice of their profession without adequate preparation and study.

When we consider the erroneous notions that prevail so generally, among even the well-informed of our profession, respecting the importance of midwifery as an art, it is scarcely to be wondered at, that it should not as yet have been deemed worthy of any legislative protection. It would excite surprize, however, if, after the attention of the enlightened legislature of this country shall have been once directed to this subject, it should continue to be permitted to any set of persons to undertake the serious duties of midwifery without any legal responsibility, and without having undergone any examination whatever, as a test of their qualifications. Some well-digested regulations upon this subject might easily be devised, which, without doing violence to the prejudices of the fair subjects of the art, if any prejudices remain, could not fail to conduce to its rapid improvement, and are certainly necessary for the sake of establishing the distinction that ought to exist in law, as well as in reality, between practitioners who have been at the pains and expence of acquiring a competent knowledge of

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their profession, and those who do not scruple, for the sake of gain, to undertake the performance of its duties, while they ignorantly presume to characterize them as too unimportant to be made the subject of serious study or attention. In his remarks upon the prevalence of such mistaken notions upon this subject, Dr. Davis asks—

"Whether the instruments portrayed in this work, or any other powers of the same kind, and intended to answer similar purposes, are to be used, for the first time, and therefore, of course, by inexperienced and incompetent hands, upon the living persons, and living offspring of our fair country-women, or upon their lifeless representatives, in our theatres of midwifery, admirably calculated as some of these machines are known to be, to represent their living prototypes, and to furnish the pupil with the amplest means of qualifying himself for encountering the greater difficulties of the art in his after practice?"

He here takes occasion (as we think very justifiably) to allude more particularly to the extensive and unequalled apparatus in his own possession, which, from frequent inspection, and personal experience, we can safely affirm to be eminently calculated to enable the student to acquire dexterity and confidence in the most difficult and important obstetric operations which he may afterwards be called upon to perform in actual practice.

The habit that has so long prevailed of deprecating the use of instruments in the practice of midwifery, as rarely or never necessary, has probably had some influence in preventing improvements in their construction, from being proposed even by gentlemen fully competent to the task, from an apprehension that they might be represented as possessing an overweening fondness for the use of such powers. Dr. Davis appears to be aware of this danger; and it must in candour be allowed, that in venturing to brave it, he gives a proof of his sincere conviction that he does not bring his proposed alterations into discussion upon light or insufficient grounds, nor without confidence that they will stand the test of examination. He, however, deprecates any premature or hasty decision, and appeals to a numerous professional connexion, to attest that he is not remarkable for any predilection for instruments, in any case, where their use can be safely dispensed with. On this score, however, if the experience of others, who have been in the habit of consulting with him, and observing his practice, tallies with our own, he certainly has nothing to apprehend.

The second section embraces fully two-thirds of the whole work, and relates, first, to the varieties of modern forceps, and the modifications in their construction which the author pro-

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poses; secondly, to the numerous important practical questions which arise in considering the various circumstances that may indicate their use; and lastly, to the best mode of using them in every variety of circumstances in which they can be required.

"The objects of the art of midwifery," observes our author, "are to superintend, and, when necessary, to assist and direct nature in her efforts to accomplish the act of parturition, with all possible safety to the lives and living structures which are interested in the event. The process of child-birth being ordinarily the operation of a natural and a healthy function, is, for the most part, effected without much difficulty; so as very rarely to require the assistance, or to be benefitted by the use of artificial powers. To this established law, however, there are occasional exceptions, inasmuch as the function of parturition, like all other vital actions, is liable to morbid influences, and, perhaps, more than any other to mechanical obstructions and impediments. To assist nature in overcoming the difficulties which are casually produced by the operation of those agents, is properly the province of instrumental midwifery. When this object is attained compatibly with the preservation both of the mother and her offspring, and without inflicting a serious injury on either, then, indeed, is the triumph of our art complete. But the difficulties of some unfortunate cases are so great, and of such a nature, as to compel us to restrain our hopes of success within narrower limits, and to direct our principal, and, perhaps, our exclusive efforts to save one life, and preferably, if practicable, the more valuable life of the mother. Hence obstetric instruments have usually been distributed into two principal classes: the first consisting of two or three varieties of power; but possessing in common the competency of being used compatibly with the salvation both of the mother and her offspring: and the second including all cutting instruments and such as may be required to be made use of as auxiliary to cutting instruments, and, therefore, whenever unhappily resorted to, necessarily implicating either the certain destruction of life, as in embryotomy, or much risk of it, as in the case of the Cæsarean section."

Our author justly describes the curvature in the direction of the sides of the blades of the forceps first introduced by the celebrated Levret, and the shortening and tightening of the whole instrument by Smellie, as the greatest improvements that have been made upon the forceps, since its first invention with separate blades by the Chamberlins. He first states the objections to which the several forms of forceps at present in use are liable, and then describes the alterations which he proposes.

The French forceps is so narrow in its blades that no part of a full-grown fœtal head will engage in its fenestræ, as may easily be ascertained by the application of the instrument to a

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fœtal skull of the standard size, although we seldom meet with a French writer who does not presume upon and maintain the contrary. As the blades are each one fifth of an inch thick, the two together must occupy two fifths of an inch of the space within the pelvis, whenever the instrument is applied, which is an immense disadvantage in any case, where a difficult birth may be accompanied with any confinement of the maternal pelvis. The curve of the blades is a segment of a circle much larger than a fœtal head, and consequently the head, when embraced by the instrument, is only very partially in contact with the blades. This circumstance renders the forceps very liable to slip, to the great danger of the maternal parts, unless the head be firmly compressed, to the still greater danger of the life of the child.

The blades of the forceps bearing the names of Smellie, Denman, and Osborne, are all too narrow to allow any portion of the head to enter their fenestræ, and, consequently their thickness must always be added to the breadth of the child's head, and must occupy part of the space through which it has to pass. They are likewise liable to slip, from the narrowness of the blades, while, from the lock being situated immediately at the outlet of the vagina, the maternal parts are necessarily exposed to considerable risk of being pinched or contused when the blades are adjusted. The common short forceps, proposed by Dr. Davis, is contrived with the design of combining the advantages of all the others, and to obviate, as much as possible, the objections to which they are liable.

The author's description of his forceps could not be intelligible to our readers without the plates to which he refers in the course of it; but we shall here state, as briefly as we can, its characteristic qualities. The fenestræ are wide enough (one inch and a half at the widest part) to admit the parietal protuberance of the child's head to come into contact with the pelvis, and the curve of the blades is so adapted, as to apply closely to the child's head in every part of their inner surface. These qualities enable the practitioner to obtain a firm purchase from which the head cannot by possibility slip, while the blades are situated on parts of the head where they do not occupy any of the space through which its broadest part had to pass, and the power of extracting is obtained, without the necessity of making any degree of pressure dangerous to the child. In fact, with this instrument properly applied, the head is so completely embraced by every part of the blades, that considerable movements upwards, downwards, or rotatory, might be performed, if necessary, without the risk of the forceps slipping

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off the head, and with perfect safety to the maternal parts; and the head may be extracted without being exposed to more pressure than often occurs where no instrument is used. The curve of Levret, that in the direction of the edges of the blades, likewise possessed by this instrument, gives it a superiority over Dr. Haighton's forceps, which, as our obstetric readers will recollect, has only one curve, viz. that in the direction of their sides. On account of the want of Levret's curve, Dr. Haighton's forceps, which has wide fenestræ, cannot be used without more risk of lacerating the perineum than is liable to happen with forceps possessing Levret's curve. In a large majority of cases of operations with forceps, this instrument is to be preferred, on account of this curve, to the single curved forceps of Denman and Haighton, and for the remaining cases, viz. those with the face directed to either side of the pelvis, Dr. Davis proposes a variety of forceps upon an entirely new principle, a description of which we shall attempt to give when we come to speak of the cases for which they are designed. To obviate the risk of entangling the vagina in the lock of the instrument, Dr. Davis has lengthened the shank of his forceps, that is, the part comprehended between the lock and the fenestræ, so as to throw the lock nearly an inch and half further from the child's head, and, of course, from the external parts of the mother, than in any other English forceps.

As in England, or wherever the custom prevails of delivering women while lying on the left side, it may occasionally serve to facilitate the introduction of that blade of the forceps which applies to the upper or right side of the pelvis, to have the handle made to bend by a joint out of the way of the bed, Dr. Davis has given to his forceps a contrivance for this purpose, and likewise adverts, in terms of approbation, to a new joint for the same purpose, which has lately been adopted by Dr. Hamilton. By both of these contrivances, the blades are made to bend in the opposite direction to that to which the former hinge of the Edinburgh forceps was fitted to bend, which latter, instead of being an improvement, was really a disadvantage to the instrument.

Dr. Davis arranges, under five distinct heads, the circumstances indicating the use of the forceps, as follows.—

"1. The first and most important indication for the use of obstetric instruments of any kind, is a positive and well-ascertained insufficiency of the natural powers to accomplish the act of parturition, with safety to the lives and structures implicated in the process.

"2. The use of the modern forceps presumes, also, upon a sufficiency of space within the pelvis to admit, with its assistance, of an eventually living birth.

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"3. But even then, the forceps can only be used with propriety, when its application is, upon the whole, judged preferable to all other modes of delivery.

"4. Cases of head-presentations are generally considered, in this country, and I think justly, as the exclusive objects of treatment by this class of instruments.

"5. Inasmuch as the forceps cannot be used without exposing the mother to some degree of inconvenience, if not of positive injury of structure, it should never be employed for delivering dead children.

To determine when a deficiency of the natural powers has been evinced, in such a manner as to justify or demand the aid of instruments, constitutes one of the most important duties of an accomplished midwifer, to make use of a term occasionally employed by Dr. Davis, in the present work. He treats of the causes tending to produce this indication, in the same order in which they have usually been arranged by other practical writers, under two heads, viz. the want of sufficient action of the parturient organs: and the want of sufficient space to admit of the child being propelled through the pelvis, at the expence of the ordinary power exerted in the process. In discussing this, and the other circumstances connected with the use of the forceps in detail, our author has embodied the most approved principles of the art, as founded on acknowledged facts, and confirmed by his own experience, into a system of practical instructions, of which, as far as they are peculiar to the learned author, we shall give an outline along with some of the more valuable and interesting facts employed to illustrate them.

Dr. Davis is much disposed to doubt whether a want of sufficient power in the parturient organs ever occurs, except as an effect of exhaustion, or as an accompaniment of some important disease in the uterine system. The following truly practical remarks on the term exhaustion, seem well entitled to the notice of the profession.

"I know of no word in the language of midwifery that is more frequently misapplied than the term exhaustion, as used in connexion with cases of tedious and laborious parturition; and certainly of none in the use of which it is more important to be precisely and practically correct. It is, indeed, the constant language of the puerperal chamber, during every stage of a labour, with the exception of two or three of the first hours, that the patient is greatly exhausted; whilst, after the lapse of twelve or twenty hours, it often becomes a duty of no easy performance to the practitioner to support the spirits, and to calm the fears, both of the patient and her attendants. The practitioner must, however, obtain more substantial evidence for the fact of an exhausted state of the parturient powers than the mere sensations of the patient, or the fears of her attendants, to warrant his active interference.

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"Exhaustion necessarily implies the previous possession of power. Experience proves that the efforts of labour are required to be exerted with extraordinary vigour, and for a long time, in order to produce a state of the agents of parturition even approaching to what might deserve the name of exhaustion. It is impossible to state any particular time for the accession, in any individual case, of such a condition of the constitutional powers as would properly admit the application of this epithet to it; as the fact could not be determined without reference, in every single case, to the previous strength of the woman, to the vigour and frequency of the parturient efforts, to the form of the pelvis, and to the condition of the soft parts concerned in the process, with many other circumstances. I do not remember having ever witnessed a state which I should consider myself correct in designating by the epithet exhaustion, presenting itself *within twenty-four hours* from the commencement of true labour pains. I do not mean to assert that the accession of other evils which might complicate and endanger the issues of the process, and which might require the interposition of artificial assistance, might not occur long before that period, but I am now speaking of exhaustion, from failure of the powers consequent upon previous and excessive exertion. After a duration, therefore, of only twenty-four hours labour, even though the action of the uterus might seem to be more or less perfectly suspended, it would be a novelty and, indeed, a perfect surprize to me, to find that such a suspension was the effect of exhaustion. On the contrary, I have known very safe and prosperous labours last for two and three entire days, without producing any thing like a state of exhaustion. The time occupied by a labour, is, therefore, never to be considered exclusively as a proper measure of its influence in the production of an exhausted state of the parturient powers.

"Again, I can have no idea of a state of exhaustion of the powers of parturition, in the case of a previously healthy subject, excepting in connexion with a considerable prostration of the general constitutional strength: whereas I am not very sure that such a condition can be presumed to exist, without its being accompanied by a dangerous contusion of the organs more immediately concerned in the labour."

Dr. Davis says he has never happened to witness a case of a puerperal patient dying undelivered, from a failure of the powers of parturition, as identified with the state of exhaustion in question, but he gives the following history, as exhibiting an assemblage of symptoms and appearances such as he thinks might be expected to be met with in cases of exhaustion.

"An unmarried woman, thirty years of age, had struggled with furious labour pains for several days. But they were now almost extinct, occurring only at distant intervals, feeble and powerless in their effect. The abdomen was prodigiously swelled, but, nevertheless, exquisitely tender to the touch, excepting in the immediate neighbourhood of the pelvis, where, the parts had probably lost a part of their sensibility, by the long and violent pressure to which they had been

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exposed. The pulse was small, irregular, guggling, feeble, and beating one hundred and fifty strokes in a minute. The countenance was sunk and ghastly; but still retaining a glow of dingy red on the centre of the cheeks. The tongue was brown and dry. The temperature of the body scarcely exceeded the ordinary temperature of health; but the extremities were cold and clammy. The discharge from the vagina was extremely putrid and offensive. Using my index finger as a pelvimeter, I ascertained the measure of the conjugate diameter of the brim of the pelvis to be at least two inches and three quarters, and that of the lateral diameter to be upwards of four inches. The dimensions of the outlet I considered to be such as not to require any precise admeasurement. The orifice of the uterus was fully dilated, and the head of the child loose and flabby, and, with scarcely any protrusion of its integument, rested (where it probably had done for forty or fifty hours) upon the brim of the pelvis."

In this state of the patient, preparations had been made for performing the Cæsarean operation, and if that operation were never to be had recourse to till the natural powers have become exhausted, as in this case, it would, indeed, be suprising if any result were to follow but the fatal one which has uniformly, we believe, except in one instance, attended its performance in this country. In the present case, some doubts of the necessity of the operation having arisen, Dr. Davis was called in. He effected the delivery, with very little difficulty, by the operation usually termed cephalotomy. The patient appeared to rally for some hours afterwards, but there was no substantial improvement of the most formidable symptoms. The pulse improved in power without becoming less frequent. The abdomen gradually became less sensible to pain when pressed, but increased rapidly in distension. During the last two days of her life, she was harrassed with constant hiccups and vomiting, and about eighty hours after her delivery she expired. The cuticle of the child furnished evidence that it had been dead many hours before the delivery.

"On opening the body after death, the viscera were seen floating in a considerable quantity of turbid fluid, of the consistence of thin pus, extremely offensive as to its fetor, and of a darkish gray colour. The omentum was of the same colour, and perfectly putrid throughout its entire structure. The posterior chamber of the pelvis was full of the same kind of putrid fluid. The peritoneal lining of the whole abdominal cavity, including also the coverings of the uterus and other viscera, presented the appearances of different stages of mortified animal structure. The middle and inferior parts of the womb, more especially those which had been most exposed to compression during labour, were of a grayish black aspect, resembling very perfectly the colour of plumbago. No part of that organ had suffered solution of continuity. The omentum tore into shreds upon raising the anterior covering of the abdomen.

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"The actual dimensions of the pelvis, which is in my possession, were accurately measured, and produced the following results:—the conjugate diameter of the brim was three inches; the transverse diameter of the brim four inches and seven eighths; both oblique diameters were precisely four inches and a half. The conjugate diameter of the brim was the shortest line which could be drawn through the center of the superior aperture, between any two points of its circumference; the long or antero-posterior diameter of the outlet was four inches and a half, whilst the short or transverse diameter was three inches and three quarters. The sacrum was not defective as to its concavity.

"Now, had the Cæsarian operation been indicated in the above case, which it most unquestionably was not, it should have been performed at an early period of the labour, and not after the expiration of three whole days of suffering, when it was next to a positive certainty that the child was dead from severe and long-continued action of the uterus upon it; and when that organ itself, and the other parts more immediately concerned in the struggle, were, in all probability, in a state of incipient gangrene. But considerations of this sort will come to be discussed with more propriety hereafter. The case is brought forward here, as the subject of such an assemblage of symptoms and post-mortem appearances as, I believe, would always be found to accompany that particular state of the parturient function, properly called exhaustion. I cannot, indeed, conceive any kind of principle inherent in these organs, which can be supposed to be capable of arbitrary fulness and exhaustion, independent of certain corresponding states of the organs themselves. These important agents, it is true, are liable to morbid actions, either immediately on account of diseases of their own structure, or indirectly, in consequence of being enfeebled and oppressed by the results of diseased actions in other parts. As to the proper indications in cases of this kind, I shall presently have to consider them at some length. I wish now to confine the reader's attention to the subject of exhaustion of healthy powers possessed, at the commencement of a labour, by a healthy subject: and I beg to repeat that, in such circumstances, my opinion unequivocally is, that a state of exhaustion is to be identified with a state of so much contusion of parts, as to involve the eventual results of a labour in great doubt and danger. If this be a correct view of the subject, what must become of the rule which some authors have laid down with extraordinary confidence, 'that instruments should never be had recourse to until indicated by a state of positive exhaustion of the natural powers, as the only sufficient evidence of their necessity!' It is obviously founded either on an abuse of words, or upon false and dangerous principles: and, in either case, it cannot be too soon discarded from our list of indications."

We have chosen to give these remarks of the author upon exhaustion in his own words, without attempting to curtail them, because it is a subject on which his opinion is apparently at variance with one that has been the current doctrine

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of teachers and writers on midwifery, in this country at least, for many years.

As one of the causes of deficient action of the powers of parturition, Dr. Davis treats of organic diseases of the organs concerned. Under this head he gives some interesting cases in illustration, of which the following is one.

"The subject was a patient of the Northern Dispensary. She presented her subscriber's letter fourteen or fifteen weeks before her expected time of confinement. She had had several children, and was now in the forty-fifth year of her age. Her visage was pale, furrowed and anxious; and she was manifestly suffering from some important disease. She had been the subject of frequent menstrual appearances, as she herself believed, from an early period of her pregnancy. The protuberant part of the abdomen was considerably tender upon pressure: the functions of the bladder and rectum were greatly disturbed, and seldom performed without occasioning much distress: the pulse was frequent and feeble. On examination per vaginam, I found the anterior lip of the orifice of the uterus, its anterior parietes generally, as far as the finger could reach, as well as the contiguous parts of the bladder, in a state of extreme sensibility and induration. The orifice of the wound was imperfectly closed. The patient was herself confident that she was pregnant. The uterus was decidedly in a state of considerable development; but as I could not feel any part of the child through its parietes, I abstained from giving, or even forming an ultimate opinion as to the nature of its contents. The poor woman had not, indeed, mistaken her case: for at the full period of her gestation, and very punctually to her reckoning, her labour unequivocally declared itself. When she had been about eight hours engaged in the struggle, I was summoned to the assistance of the gentleman whom I had appointed to attend her. The orifice of the uterus was then dilated to about two inches in its lateral diameter, but, upon the whole, very unequally; as the anterior part of its structure remained of a gristly hardness, and exquisitely sensible to the touch. In this state of things, it was deemed prudent to wait a few hours for the full effect of dilation of such parts of the orifice and neck of the womb as were not diseased. In the mean time the labour made tolerable progress: the head of the child gradually descended into the cavity of the pelvis; but the distress, or rather the anguish of the miserable patient, increased in a tenfold degree as the business advanced, from the increasing pressure of the fœtal head against the diseased parts in front of that cavity; and the scene altogether was truly pitiable. In about sixteen hours from the commencement of the labour, the pains became extremely feeble and unproductive. The constitutional powers of the patient having suffered great reduction of strength from repeated, and some considerable losses of blood during the latter weeks of her pregnancy, it appeared, at length, more than probable, that nature would not eventually be able to accomplish her object—provided it were safe and feasible to surrender a poor creature, already so much afflicted, to the further tortures of such a hopeless effort. I accordingly

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passed up, on either side of the head, the counterparts of a narrow bladed forceps; and with the utmost tenderness, and without difficulty, effected the delivery. The child was of the usual dimensions at the full period of gestation; but extremely meagre and flaccid as to the softer materials of its structure: it was, moreover, still-born; and from the easy abrasion of its cuticle, it had probably died in consequence of a hæmorrhage which the mother had sustained about three days before the accession of her labour, and since which she declared that she never felt it move. After this melancholy confinement, the poor woman never recovered sufficient strength to be able to leave her bed. She lingered, however, the victim of more than ordinary suffering, even from cancer, for a period of about sixteen weeks after her delivery.

"On inspecting the body after death, the contents of the hypogastric region of the abdomen, including large portions of all the structures there situated, intestines, bladder and uterus, were found matted together into a horrible mass of cancerous disease."

For a parallel case to the above, Dr. Davis refers to the Journal de Médecine, Chirurgie et Pharmacie (Corvisart's) vol. v. p. 304. Some time after the accession of labour, the pains suddenly ceased, and the patient died. On the inspection of the body, a short time afterwards, the uterus was found extensively diseased and ruptured, the child having escaped into the cavity of the abdomen.

Our author goes on to state that the uterus may suffer a great diminution of its parturient power from diseases affecting its own structure, or that of organs immediately subservient or contiguous to it, which might not in themselves be necessarily fatal in their termination. In illustration of this opinion, he relates a very interesting case of a painful tumour situated high up in the left iliac region, which terminated in a discharge of pus from the vagina. About fifteen hours after the commencement of labour the pains wholly ceased, and continued suspended for thirty-six hours at first without any circumstance besides to excite any alarm, but at the end of that period, the countenance had become anxious and somewhat shrunk: the pulse had risen to a hundred and ten: the stroke of the artery had become quick and sharp: the patient had slept none: the tongue was rather loaded, and vomiting had more than once taken place: the orifice of the uterus and the vagina were devoid of moisture. The patient was bled freely, and a brisk purgative was ordered, and as the woman was the mother of several fine children, and had formerly had easy and prosperous labours, Dr. D. resolved to wait some time longer. Late in the evening, he was called to the patient, she having been harrassed with violent vomitings. Her countenance was now expressive of deep anxiety: pulse

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much accelerated and irregular: abdomen uniformly painful to the touch and tympanitic: the patient vomited every five minutes: there was no sensible alteration in the state of the iliac tumour: the atmosphere of the room was now, for the first time charged with putrid fetor proceeding from a mixture of meconium and grumous blood which was issuing copiously from the uterus: the orifice of the uterus was remarkably soft and limber; the head of the child was presenting at the brim of the pelvis, with its vertex towards the left acetabulum; the liquor amnii had escaped at an early period of the labour. Dr. Davis applied the long forceps, and easily succeeded in bringing the head into the pelvis, when the uterus remaining torpid, he deemed it advisable to finish the delivery. The child was still-born, the cuticle peeling off with the slightest touch. The placenta soon came away in a very putrid state upon the slightest pulling at the cord, and was accompanied with a putrid coagulum of blood, but no hæmorrhage succeeded. The uterus was felt to have contracted, but not so much as in a healthy labour. The adventitious tumour in the left iliac region had sunk lower down but continued exquisitely painful. Some hours after the delivery, the patient was attacked with a smart symptomatic fever, which continued in a greater or less degree, notwithstanding such prompt and active treatment as the symptoms required, till the twenty-seventh day after her delivery, when, as already mentioned, there suddenly issued from the vagina a profuse discharge of pus. After this event the tumour was no longer to be felt in the iliac region, and the patient gradually recovered a state of moderately good health.

Dr. Davis's very judicious remarks on this remarkable case we shall give in his own words.

"Whether the iliac tumour was originally a disease of the uterus, or of the left ovary, and other contiguous parts, I am really not able to decide; for it left no cicatrix, induration, nor other evidence of its existence on any part of the uterus accessible to examination. I feel myself still less competent to account for its extraordinary influence in occasioning so sudden a suspension, amounting in fact to a complete extinction of the parturient faculty. The cause of the child's death was, probably, the premature separation of a considerable part of the placenta from the uterine surface. That was, no doubt, also the source of the putrid discharge, which, with other alarming symptoms, became finally decisive of the expediency of artificial aid. Whether that incident was proximately connected with the diseased tumour, can only be assumed as a matter more or less of probability. In the absence of external hæmorrhage, or any other evidence that such an incident had occurred, it is obvious that no specific time could have been chosen for the extension of artificial assistance, of which the choice

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would have ensured the preservation of the child's life: and I hold, that in reference to the use of instruments, it is a much safer principle not to act at all, than to act without the guide of a distinct indication. It is, indeed, possible that the life of the child might have been preserved, had the forceps been applied, and the delivery effected within a quarter of an hour after the suspension of the uterine contractions. But is there an experienced practitioner in Europe who would consider himself warranted in having recourse to the use of instruments in the circumstances of the above case at so early a period of the labour?"

Our author also gives the details of a case of a painful affection of the bladder, which was attended by a total suspension of the labour pains, and was followed in the third week after delivery, by a discharge of pus through the urethra. The case is well entitled to the attention of the profession in general, and more especially to that of practitioners of midwifery, who cannot fail, if engaged in extensive practice, perceiving the value of such cases, and of the truly practical remarks with which they are accompanied. A practitioner whose mind is well stored with practical facts, such as these cases are calculated to impress upon the memory, can often avail himself of such knowledge, and he is most likely to feel the value of it, when called upon to form a diagnosis in cases of difficulty, or to form an estimate of their probable duration and results. The greater his assiduity and success has been in acquiring and digesting this species of knowledge, the greater in all human probability will be his success in practice, and the eminence to which he shall attain in his profession. A work which abounds with cases like these, illustrative of the various subjects of which the author professes to treat, is far better calculated to promote the improvement of any department of our art than the most elaborate essays or finished reasonings without the detail of facts. Such a work on midwifery, is that now under examination, and we have no doubt, even the best informed in the profession, will not rise from its perusal, without feeling that they have made an acquisition to their professional knowledge.

To return, however, from this digression, we have next to recommend to the attention of our readers, the excellent remarks of our author on dropsy of the amnion, considered as a cause of deficient parturient action, which, like twin births, may sometimes produce this effect by over distension of the uterus. On the latter description of cases, when considered under the head of deficiency of parturient power, our author closes his observations as follows.—

"Under proper management of the constitutional powers, twin births

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are for the most part very safely accomplished without the assistance of instruments. On the other hand, cases of difficulty from this cause, admit of a very beneficial extension of artificial aid, at less expence of risk from its application than almost any other. The children of twin births are generally under the full size, and therefore more easily withdrawn through a passage of ordinary dimensions than those of standard growth; and, therefore, obviously with less chance of injury to the important structures within and at the outlet of the pelvis. The soft parts, which are most especially liable to contusion in these cases,—not from instruments, indeed, but from the natural agents of parturition, are generally those which are attached to, or situated in the immediate neighbourhood of the brim of the pelvis. In one of our indications for the use of the forceps, it was stated 'that head presentations are generally considered in this country, and in my opinion properly, as the exclusive objects of treatment by this class of instruments.' The principle must be fully recognized in its application to twin births. The general indication for an eventual appeal to this variety of artificial power must, of course, in this, as in all other cases, have a direct reference to its positive expediency. The elements of a proper estimate of such expediency will be found in a due consideration of the conditions of the soft parts, as to dilatation, irritation, and threatened danger of contusion or laceration, that of the accessibleness of the fœtal head or heads; the duration and actual character of the inertion, or incompetent action of the uterus; the state of the constitutional powers, and the occurrence of dangerous incidents, to complicate the labour."

In treating of cases where the action of the uterus is deficient without any obvious cause, our author makes some observations on the pretensions of those remedies which have from time to time been recommended as possessing a specific power of exciting the dormant uterus to action. He dismisses this subject with the following pertinent remarks on the ergot of rye, the remedy whose claim to such a power has most lately been urged upon the notice of the profession.

"If the ergot of rye or any thing else, which might be safely administered to a woman in labour, through the medium of the stomach, could be really proved to possess, in any considerable degree, a parturient influence on the uterus, it is obvious, that it would form a most important addition to our materia medica, as it could not fail, in a certain class and proportion of cases, to supersede the use of mechanical instruments in the practice of midwifery. The pretensions, however, of the secale cornutum have been generally known to the profession for a period of nearly twenty years, and yet the actual fact of its power has not been satisfactorily established, nor is there any evidence that I am acquainted with, that it has, in any one instance, superseded the necessity of using the forceps."

Our author now proceeds to make some observations on de-

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ficient action of the uterus from general constitutional weakness, and on the influence of diseases, or the results of diseased states of distant organs, as causes of deficient action of the uterus. In the course of his remarks under the last head, he mentions that he has seen four cases of emphysema from the rupture of a part of the bronchial structure of the lungs during labour, an incident which he thinks imputable solely to extreme severity of the labour pains. In all the four cases which he has seen, the emphysema occurred in the midst of a tremendous excitement of the heart and arteries. In every one of them the most marked relief was afforded by very copious bleeding. Three of the patients were delivered without mechanical assistance, and in the fourth, the forceps was introduced to improve the position of the child's head, and then withdrawn. The children were all born alive, and the mothers recovered satisfactorily, the emphysema rapidly vanishing without puncturing the integuments.

With these observations our author concludes what he has to say relative to deficiency of the natural powers as an indication for the use of the forceps, and proceeds to the consideration of another description of difficult labours, viz. those dependent upon defective capacity of the parturient passage.

"Difficult parturition," says he, "from defective capacity of the parturient passage, may arise from rigidity, or other unfavourable or morbid conditions of the soft parts, or from original confinement, or vicious conformation of the bones of the pelvis."

Besides these, our author here treats of such causes of difficulty as may occasion, or be attended with, a want of due proportion between a passage of ordinary amplitude and the bulk of the child or children to be propelled through it.

Our author's observations on difficult parturition from rigidity and other unfavourable states of the orifice of the uterus, such as coalescence of labia, &c. are well entitled to particular attention. They abound with valuable facts, illustrative of the duties of the medical attendant, and with ample and detailed references to the best sources of information on the subject. Without altogether proscribing, he does not think so favourably as Professor Burns seems recently to have done, (see the sixth edition of the Principles of Midwifery, p. 417—419) of the practice of assisting the dilatation of the orifice of the uterus with the fingers: and alludes to a case where that practice was followed, on the third day after delivery, by a fatal hæmorrhage, in which it was found, on inspection after death, that the os uteri was in a state of sphacelus. He does not see any good reason for bleeding prospectively, or during

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pregnancy, in anticipation of a rigidity which might or might not be realized by the event, although this practice was proposed by Dr. Rush, and has since been carried to a great extent by other American practitioners of eminence.

"To say the least of such a practice," says our author, "it would appear to be a most unnecessary encroachment upon the ordinary dispositions of nature, in the affairs of a function which she usually performs very safely and satisfactorily without any such interference. Bleeding, on the other hand, as a remedy corrective of an actual existing rigidity of the soft parts, whether or not accompanied by more than ordinary constitutional excitement, is a power of great and unquestionable value; and we are indebted to our trans-atlantic brethren for much useful discussion of the subject, and more especially for pioneering us through a wilderness of prejudices, into a just estimate of the extent to which, in certain imperious circumstances, it may be safely carried. In cases of protracted labours from rigidity of the soft parts, and accompanied by much suffering, and great excitement in the heart and arteries, I have often directed the abstraction of between thirty and forty ounces of blood, with the most marked advantage. I am, indeed, perfectly well convinced that, in cases of tediousness and difficulty from the causes here supposed, this important measure, well-timed, well applied to its objects, and judiciously combined with other means, which it would be improper to neglect, will not unfrequently have the effect of superseding the necessity of using instruments, when, otherwise, their employment would become indispensable. I could also refer to a variety of instances where it has enabled me to apply the forceps with the most perfect success in all respects, many hours earlier than, without its adoption, it could have been a safe measure even to make the attempt."

The following remarkable case of a contracted vagina will be read with interest by practical accoucheurs:

"I was once consulted in the case of a very young woman, in her first labour, the superior part of whose vagina was so contracted, that I found it impracticable to pass the point of my index finger through the part affected, in order to feel the orifice of the uterus. The spastic ring (for I believe that was the actual nature of the case) was situated as near the orifice of the uterus as I could suppose it possible for such an affection to exist. The feel of the part was that of a firm rugose texture, gradually puckering from some distance below, but, in no degree, giving the impression of a scirrhous hardness. The patient was, at the full period of her gestation. Her pains were regular, and decidedly parturient. She had been in labour about eighteen hours; and there was now developed a considerable excitement of the heart and arteries, accompanied by a state of more than ordinary irritation. After deliberating a short time upon the actual and prospective circumstances of the case, I directed venesection ad deliquium animi: and that effect was obtained by the abstraction of about thirty ounces of blood. Im-

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mediately after, a draught, with sixty drops of Battley's liquor opii sedativus was administered. I then left my patient, with an intimation to the gentleman in attendance that I should call again in a few hours. In about five hours afterwards, I accordingly did call, and found that the child's head had completely cleared, not only the orifice of the uterus, but also the contracted part of the vagina, and was beginning to bear upon the os externum; and in less than eight hours from the bleeding, the patient was safely delivered of a fine living child."

The subject of rigidity, contractions, adhesions, &c. of the vagina, is concluded with numerous and accurate references to the best sources of information, for which any gentleman wishing to study the subject minutely will feel thankful to the learned author.

The next part of his subject of which he treats, is the defective capacity of the parturient passage, from tumours within the pelvis. Some of these tumours are excrescences from the orifice of the uterus, and surface of the vagina; others are identified more or less intimately with the proper structures of these organs; and a third are situated within the pelvis, but externally to the vaginal and uterine parietes. According to our author, those of the first class might generally be extirpated with safety during pregnancy, by ligature or excision. He is of opinion, that no part of the parent structure of the fungus should be included in the ligature, or otherwise made the subject of operative violence, and, in support of this rule, he quotes a fatal case, communicated by Mr. Fordham, and published in the 26th volume of the London Medical and Physical Journal, page 38. When, from the broadness of the base of such tumours, or from other causes, it is deemed not advisable to attempt their extirpation before labour, and where it would be possible to deliver by turning, our author lays it down as a practicable and better method to deliver with the forceps, recommending instruments especially adapted for such cases, for the views and descriptions of which, the work and the plates must be consulted.

A large proportion of tumours of the third class in Dr. Davis's arrangement have been morbid enlargements of the ovaries. In some cases, where the contents of the tumour are fluid, and its bulk not incompatible with the passage of a living child, it may be proper to leave the case to the unassisted operations of nature. For others, several modes of relief have been proposed, and are respectively discussed with Dr. Davis's usual ability, viz. the Cæsarean operation, embryotomy, incision or puncture into the tumour, with a view to emptying its contents, and extirpation by an opening through the abdominal

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parietes and into the peritoneal cavity. Of the first and last of these operations for such cases, Dr. Davis expresses his unqualified disapprobation. Perhaps, however, when he shall have seen the cases of gastrotomy lately published by Mr. Lizars, he may see reason to modify his opinions in some degree. Further experience is necessary before these operations, which Mr. Lizars has shewn not to be necessarily fatal, are pronounced utterly unfit to be repeated in any circumstances. Embryotomy cannot always, in such cases, be performed with perfect safety to the mother, but the cases of extra-vaginal tumours more especially indicating it, are those where the tumour is either known or strongly suspected to be a hernial protrusion of intestine: or cases where the operation might be performed without much risk of increasing the present danger, or compromising the future interests of the mother: or, lastly, cases where a puncture or incision into the tumour might have been made without being followed by a sufficient diminution of its bulk to permit the passage of a living child. Our author's critical review of the numerous cases of this description which have been published by Mr. Perfect, Dr. Denman, Mr. Park, Dr. Merriman, and others, will be found by practical accoucheurs to throw a flood of light on this truly difficult subject, and to make up, in a great measure, to young practitioners for the want of personal experience: at least, a careful attention bestowed upon our author's perspicuous observations, and a perusal of the cases to which he has, with his usual precision, taken the pains to give accurate references, will enable any intelligent practitioner to discriminate such cases when they occur, and to apply, with confidence, the most appropriate measures of relief.

His Observations on Hernia of the Bladder, and on Over-Distension and Misplacement of that Organ, as interfering with the Function of Parturition, are also well entitled to attention. With this subject, our author concludes what he has to say respecting defective capacity of the parturient passage, as depending on affections of the soft parts; and now proceeds to treat of defective capacity of the pelvis, and the degree of confinement, admitting the safe use of the forceps. We shall only extract the following part of what he says upon this subject, recommending the whole, however, to the attention of our readers.

"If, indeed, it be a fact, that the natural agents of parturition are equal to the production of as much compression of the fœtal head as it is really capable of sustaining with impunity to the soundness of its organization, and more than this has been often proved; then the only

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question that can arise, as to the expediency of having recourse to the use of forceps in difficult births from this cause, must have for its object to determine how far the prompt assistance to be obtained from the application of artificial force might be presumed to deserve a preference, in some special cases, to a deliberate surrender of the issues of a hard labour to the unaided operation of the natural powers? Or, in other words, whether, in some peculiar circumstances, it might not be found more eligible to apply to the fœtal head a certain required amount of compressing force, within a short space of time, artificially by means of the forceps, than to await the result of a more gradual and protracted application of an ultimately equal degree of force by the natural agents of parturition.

"If it were possible, by artificial means, to apply to the fœtal head the compressing force here supposed necessary, without also, at the same time, exposing the parts situated within the pelvis of the mother to a degree of pressure which might have the effect of producing a dangerous contusion of their structure, I should not feel much difficulty in answering this question, upon the whole, favourably to the pretensions of operative midwifery. Assured, however, as I am, that in the circumstances supposed, which I assume to be those of defective capacity of the maternal pelvis in more than one of its diameters, it would be generally impossible to effect the good here contemplated, without also incurring more or less of the evil incident to such an attempt, I feel it my duty to express my opinion, conclusively, as unfavourable to the general principle of having recourse to the use of the forceps in cases of difficult births, from defective capacity of the maternal pelvis."

The exceptions to this general rule, with the proper methods of employing the aid of the forceps where it can be beneficially employed in confinement of the pelvis, are distinctly pointed out under the present head, although more fully illustrated by the learned author when he comes to treat of the long forceps.

The next subject which Dr. Davis treats of as connected with the use of the forceps, is arterial and constitutional excitement during labour. While an accelerated state of the circulation is a common effect of long continued parturient efforts, and may be perfectly compatible with the safety of the patient, yet, at the end of a severe and protracted labour, great vascular excitement may be a symptom of dangerous inflammation from contusion of the parts concerned. Delirium supervening during labour is an evidence of more than ordinary excitement of the vascular system, and of a dangerous fulness of the blood-vessels of the head, shewing a great tendency to convulsions. Delivery by the forceps, in such cases, the learned author is of opinion, should never be attempted without being preceded by general bleeding on a liberal scale. He says that bleeding to between twenty and thirty ounces, according to the special

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exigency of the case, will not only operate as a means of immediate relief to the patient, but will also prevent the accession of convulsions, and alter the whole character of the labour, so as eventually to supersede the necessity of resorting to the use of instruments. In support of this opinion, Dr. Davis states that he has never met with a case of delirium in his own private practice, a fact which he attributes to his having never suffered constitutional irritation and excitement to accumulate so far, at any one period of labour, as to expose his patients to the danger of delirium.

"But bleeding," says he, "our greatest agent of active practice in such a case, may come too late; or, from the magnitude of the obstacles to delivery, it may not itself be able to furnish a sufficient protection against all the evils, present and future, incident to severe labours. It will, however, seldom fail to be the harbinger, at least, of a temporary calm after a violent storm of suffering; which, at all events, will give to Nature further time to refresh and to concentrate her powers, and, to the practitioner, an opportunity to deliberate coolly on the actual position and prospects of his case, as also on the expediency and choice of ulterior measures. I think I may safely say that, in the majority of such cases as we are now supposing, a free bleeding will have the effect of manifestly improving the parturient efforts of the uterus, both as to their power and regularity; that it will produce an increased secretion of the proper mucus of the passage; that it will lower the temperature, and diminish the tenderness and swelling of the parts within the pelvis most exposed to pressure, and give generally a kindlier disposition to the entire process, and not unfrequently procure a speedy and happy termination to all its anxiety and peril."

Dr. Davis next proceeds to consider the rule generally maintained, at least, by English systematic writers, that it can never be necessary to have recourse to instruments as long as there is any positive progress made by the labour. While admitting this to be a good general rule, Dr. Davis contends that it is not without exceptions, and he adduces a case in illustration of this opinion, which, however, appears to us, to be calculated to afford it a very equivocal support. A lady, thirty years of age, was delivered of a still-born child, after a severe labour of eighteen hours, during no stage of which, could it be truly said that there was not some progress made. In a few hours from its commencement, the head began to enter the cavity of the pelvis, and was passed through, to use the author's impressive language, "in the midst of such a tempest of struggles as I think I have never witnessed upon any other occasion." There was nothing approaching to suspension of the action of the uterus, or arrest of the child's head. It was

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thought necessary to prescribe venesection about twelve hours after the commencement of the pains. The operation was proposed to be repeated about four hours afterwards, but unfortunately, this proposal was over-ruled. Such was the extreme irritation at that period that, in twenty minutes afterwards, the patient suffered a severe rigor of upwards of half an hour's duration. The child's head was by this time bearing strongly on the perineum, and the labour-pains were neither suspended nor perceptibly enfeebled, till the delivery was completed. The patient died on the tenth day after her delivery, and, on inspection of the body, a large abscess was found involving all the structures at the superior and left parts of the pelvis, of which the left ovarium appeared to have been the nucleus. Now, with all the deference due to Dr. Davis's better judgment, this case seems to us, by no means, to afford conclusive proof that the progressiveness of a labour is not a good and sufficient reason for abstaining from the use of instruments. Dr. Davis does not explain whether, in his opinion, the forceps ought to have been had recourse to, or whether he thinks it might not have been expedient and justifiable to diminish the size of the child's head, for the relief of the mother; and we are strongly inclined to believe that, if the suggestions which he made had been attended to, or if happily he had been left to manage the case, upon the principles which he so ably advocates in the present work, the labour might have been conducted to a safe conclusion, without the necessity of instrumental aid.

When there was no deficiency of parturient power, and while the gradual progress of the head shewed that there was no insurmountable deficiency of space, we cannot suppose that the danger and ultimate mischief could have arisen, except from the undue violence of the propellent force being disproportioned to the progress of relaxation of the soft parts, and from excessive excitement of the heart and arteries, both of which we submit, might have been so far moderated by general bleeding suitably to the exigency of the circumstances, combined with the judicious use of opium, as to have admitted of the labour being conducted to a safe termination, without artificial assistance.

On the use of instruments, on account of malposition of the child's head within the pelvis, Dr. Davis states the varieties of malposition liable to occur, but refers the consideration of the management suited to each to a subsequent part of the work, and then proceeds to speak of the use of instruments on account of hæmorrhage. On this subject, he describes the circumstances in which the operation of turning,

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and delivery by the forceps, should be respectively preferred. In the former operation, Dr. Davis makes the following practical observation.

"It is a fact, which it must have occurred to practitioners of experience to observe, that the operation of turning is, for the most part, speedily followed by a cessation of the hæmorrhage. The change thus effected in the situation of the child in utero being made, it is generally both unnecessary and improper to proceed hastily to complete the delivery, which, therefore, it would be much better to delay, for an hour or two, to wait for a favourable disposition of the soft parts, than to undertake immediately after having brought down the feet into the birth."

Dr. Davis adds his opinion, in which we fully concur, that

"The operation of turning would prove the means of saving a much greater number of children, without in any degree compromising the interests of the mother, than it really does, were it generally the practice to observe, on this very essentially practical point, the cautious forbearance here recommended."

The feet being once brought down into the vagina, it is a usual practice, by pulling at them, to bring the thorax or even the head, into the brim of the pelvis, in which situation the umbilical cord is liable to compression, and it is not in all cases that, even after the operation of turning has been effected, the head can be made to pass through the pelvis in so short a space of time as not to involve the child's life in jeopardy from this cause. By waiting a sufficient length of time after the feet are brought down, the soft parts become effectually relaxed, so that, when the parturient action of the uterus again acquires force, the head is made to follow the trunk with comparatively very little delay.

After pointing out the circumstances more especially demanding the use of the forceps, in cases of uterine hæmorrhage, our author concludes with remarking, that it is a caution almost inseparable from the use of the forceps, to apply it with perfect gentleness and dexterity, and to proceed *very slowly*; whereas, when its use is demanded, on account of profuse hæmorrhage, we are, of course, impressed with the necessity of expedition, and quick movements.

Rupture of the uterus and puerperal convulsions are not deemed, by Dr. Davis, as always indicating the immediate application of the forceps. When the former is spontaneous, it is generally connected with confinement of pelvis, and therefore, in cases not favourably suited for the use of that instrument. With respect to the opinion generally prevailing in the profession, that the accession of convulsions, during labour, forms

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an urgent indication for immediate delivery, and even for the use of instruments, if necessary to promote that object, Dr. Davis declares that he scarcely knows any single doctrine, in practical midwifery, more liable to serious objection. He says,

"I do not recollect a single instance of the accession of such convulsions, either immediately before, or at an early period of a labour, which had not been preceded by severe head-ache, great sense of weight in the head, giddiness, violent throbbing of the temporal arteries, impaired vision, or some other unequivocal symptom of an excessive fullness of the blood-vessels of the brain."

"Hence," again he observes, "the unusual turgescence, and visible throbbing of the great blood-vessels of the neck, the swelling and the intensely florid, and sometimes even the purple hue of the countenance; the rapid movements, wild expression, and, eventually, the vacant stare of the eyes, prominent and glistening, and as if ready to burst from their sockets on account of excessive distention of their blood-vessels; to which we may be allowed, in most cases, to add, an excruciating head-ache, and, not unfrequently, a delirious wandering of the understanding. Moreover, it is well known that the ordinary paroxysms of these convulsions are usually followed by coma, abolition of sense, stertorous breathing, and all the usual characteristic symptoms of a profound apoplexy, indicating, as in all other cases of apoplexy, the existence of dangerous pressure on the brain."

Acting upon this view of the proximate cause of puerperal convulsions, Dr. Davis is of opinion that the principal indication of treatment should have for its object, an effectual reduction of the pressure upon the brain, by the abstraction of blood, before resorting to the use of instruments.

For the descent of the umbilical cord, our author proposes two methods of treatment. The first is, to deliver with forceps with a narrow blade, on the side where the cord comes down, or with a short blade on that side, to act as a counterpart or fulcrum to one of his common broad blades. The second method is only applicable before the head has descended deeply into the pelvis. He proposes to take a very thin plate of elastic steel, like a spatula, fitted into a small wooden handle, and slightly curved, to correspond with the convexity of the child's head. Near the point of the instrument, there should be several small apertures, through which a thread being passed, the central part of the descending loop of cord might be fastened by its membranous coverings to the point of the instrument, which is then to be pushed up into the uterus, or, at least, above the child's head, and to be kept there, without withdrawing the instrument, till the head should have passed the os externum. Five, or even more, of such small spatulæ might, in the author's

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opinion, be used at once, if required, to keep up a large descent of cord.

In treating of syncope during labour, Dr. Davis introduces several very interesting cases for which, however, we are under the necessity of referring our readers to the work itself. His practical rules for such cases are summed up in few words.

When the head is high up, the orifice of the uterus not completely developed, and the pains languid or wholly suspended, the delivery should be effected by turning.

When the head is so far advanced into the pelvis as to make it very improbable that turning could be effected without exposing the patient to very considerable irritation, the liquor amnii having escaped, and the os uteri not sufficiently dilated to warrant an attempt to deliver with the forceps, cephalotomy and delivery with the crotchet must be had recourse to.

When the head is so low as to be within the reach of the forceps, and the state of the soft parts, such as to admit of its safe application, of course the forceps ought to be preferred.

Dr. Davis treats at considerable length, and under a distinct head, the importance of a just prognosis, in cases of midwifery where instruments are employed. His observations on this subject appear to us to be judicious and well calculated to repress that violent fondness for using instruments by which young practitioners, anxious to distinguish themselves, are sometimes apt to be led into dangerous errors. Speaking of the forceps in particular, our author, after reprobating, in severe terms, the habit which some persons have of boasting of the success with which they always wield that instrument, says, that in all cases, where the forceps is used, the parts are more or less liable to contusion. All the fangs and frame-work of the instrument are made of tempered steel; and, let them be ever so well covered and defended, they will still retain an unresisting hardness, calculated to bruize and fret any soft and living texture that might be interposed between their convex surfaces and the solid walls of the pelvis. These observations may be considered as applicable to the average of forceps cases, and without any special reference to such as are supposed to be involved in any extraordinary danger, excepting what might arise from the use of such an instrument. To the caution so judiciously inculcated in these observations of the learned author, we would only beg to add, that youthful practitioners should ever bear in mind, that it is not the mere fact of having used instruments, but the having done so to the effectual advantage of the patient, that can add to their reputation: and, whenever it becomes their duty to decide upon the necessity of

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employing instruments, they should not forget to ask themselves, whether, if the patient were the sister or wife of their affections, they would wish the same mode of treatment to be adopted for her recovery.

When the forceps or other obstetric instruments are to be used, the probability of a favourable issue must, of course, mainly depend upon the peculiar circumstances indicative of their use in each individual case. In rupture of the uterus, puerperal convulsions, and uterine hæmorrhage, the prognosis, as to the result to be anticipated from a resort to the use of the forceps, must of course be unfavourable. In cases of protracted or difficult labour from confinement of pelvis, or malposition of the child, the danger will be proportioned to the length of time the parts concerned have been exposed to pressure, from the fruitless exertion of the natural efforts, and other circumstances peculiar to each case. Dr. Davis's extended observations on this part of his subject are exceedingly well calculated to assist his readers in appreciating and justly estimating the value of each of the circumstances that can generally be considered as belonging to the elements of a safe prognosis.

Dr. Davis makes some brief but essential observations on the best position for the subject of an obstetric operation, and on the duty of an accurate examination per vaginam, and then proceeds to treat of the application of the short or common forceps, laying down his rules in numerical order, each accompanied with suitable comments and explanations. These rules require, 1st. That the head shall have reached a considerable depth below the brim of the pelvis: 2nd. That the blades be applied over the sides of the head and face: 3rd. That the forceps never be used till the orifice of the uterus shall have been amply dilated: 4th. That the left hand counterpart of the instrument, or that which is introduced at the left or undermost side of the pelvis be the first introduced: 5th. That the locking of the two blades never be effected with violence: 6th. That operations with the forceps always be very slowly performed: and 7th. That the force to be used never should exceed very moderate limits.

Dr. Davis gives ample directions, which, by the help of the plates, are rendered perfectly clear, as to the best mode of introducing the forceps. In two or three important particulars, at least, his instructions are essentially different from those usually insisted upon by preceding writers on midwifery.

"I have sometimes seen it recommended by authors," he observes, "to pass the conducting hand a great way up into the pelvis, under the pretence of making room for the easier introduction of the instrument,

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But from the inconvenience generally of this method, if I may be allowed to speak from my own experience, from the actual obstruction given by the fingers to the easy introduction of the instrument; and from the liability of the fingers to be pinched by the convex surfaces of the claws of the forceps, I very much suspect that not only the rule itself is essentially incorrect in principle, but also that, in point of fact, it has seldom been observed in practice. The only proper use of the conducting fingers, is to direct accurately the point of the instrument, so as to insure its transmission to the side or other intended part of the child's head, without pinching, distending, or otherwise unnecessarily irritating the soft parts situated at the outlet of the pelvis. From this part of the head, the instrument is then to be passed gently along its left lateral surfaces, in a line somewhat lower in the pelvis than the known situation of the ear, until it is felt to have effected its transit over the temple and forehead. It should be gradually, and with great gentleness, raised up, and applied over the child's ear, so as to embrace easily, and at many points of its concavity, the corresponding convexity of the fœtal head. The entire blade is then to be moved upwards along the side of the pelvis, so as to be made to embrace accurately, within its fenestra, the left parietal protuberance, together with the greater part of the ear and side of the face, even to the chin."

To execute these movements accurately, it is necessary to pay particular attention to the situation of the ear relatively to the pelvis, before they are commenced. The introduction of the first blade is seldom attended with difficulty, and it should scarcely cause either inconvenience or pain to the patient. The other counter part of the forceps is usually called the right-hand blade, from being generally passed up with the right hand, and on the right side of the pelvis, the left hand being then used as a conductor. The common rule for the introduction of this blade directs, that it should be passed up as nearly as possible in the same direction relatively to the right side of the head, as the other branch had been to the left. To obey this rule would be extremely difficult, if not impracticable, unless the part to be operated upon were brought to project two or three inches over the side of the head. Without insisting upon this as an insuperable objection, Dr. Davis thinks it sufficient to warrant a departure from the prescribed rule, and this may be done without prejudice to the patients in either of two ways. The first, is to have the instrument made with a hinge or joint in the shank, so that the handle may fold out of the way of the bed. It has already been mentioned that Dr. Davis's, and the Edinburgh forceps, are furnished with contrivances of this kind.

But the introduction of the second branch may even be accomplished easily and advantageously without this contrivance,

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or without having the blade separable from the handle, as some have suggested.

"The left-hand blade being introduced and properly applied to the head, let its handle be moved backwards towards the inferior fourchette, to make way for the introduction of the practitioner's two first fingers of the left hand, which are now to be the conductors of the second or right-hand blade. These two fingers are to be passed into the vagina obliquely over the shank, and anteriorly to the handle of the branch of the instrument already introduced, so as to reach and be applied to the superior and posterior part of the child's head, an inch or two beyond the small fontanelle, in the direction of the sagittal suture.—The second branch of the forceps is then to be be taken up with the right hand, applied to, and gently carried up along the palm of the left, or conducting hand, into the vulva, so that its anterior surface, at and near the point, shall reach and be applied to the fœtal head, intermediately between the small fontanelle and the points of the two fingers of the operator's left hand." (Here the author refers to pl. iii. as beautifully illustrating his description.) "The point of the instrument having been introduced carefully, and without prejudice to the soft parts at the outlet of the pelvis, into the posterior part of the vagina; it must next be carried forwards, by an adroit circuitous movement, over the right parietal, coronal, and temporal regions of the head to its ultimate destination, and of course into easy and perfect parallelism with its antagonist blade."

(Here the author refers to pl. iv. as representing the blade by dotted lines in different stages of this movement.)

"The route taken during this movement of the instrument relatively to the pelvis, should correspond with a curved line drawn from the anterior and lateral part of the perinæum, obliquely across the posterior portions of the right sacro-ischiatic ligaments, and then gradually upwards to the right extremity of the transverse diameter of the brim of the pelvis; which of course will eventually bring it into strict parallelism, and more or less easy adjustment with its antagonist."

A view of the plates referred to, is sufficient to render these verbal descriptions perfectly perspicuous.

It sometimes happens, that from some defect in the form of the pelvis, affecting one part or side of it more than another, or, from a tumour occupying and narrowing one side of it, or from the umbilical cord descending on one side, it may be rendered extremely difficult to introduce two broad blades so as to admit of being easily, and without force, adjusted at the lock. Whenever such circumstances occur, they must be considered as diminishing the chance of ultimate success, as far as relates to the life of the child. Heretofore, in such untoward circumstances, when the natural powers were inadequate to the delivery, the attempt to deliver with the common forceps must

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either have been abandoned for cephalotomy, when the condition and safety of the mother imperiously required an early delivery, or the head must have been extracted at all events, and with great danger both to the mother and child with the forceps forcibly adjusted. To obviate these difficulties and dangers, our author recommends to the notice of the profession varieties of forceps, with blades of unequal length and breadth. In such cases of difficulty as above alluded to, one or other of these varieties may often be advantageously substituted for one of the broad blades, and serve as a sufficient fulcrum or antagonist to the other, without the least risk of the evils that might have been inseparable from using the two broad blades. For the particular description of these new and manifestly valuable additions to the mechanical powers of the art, we must again refer to the work itself and to the plates.

With respect to the rule generally insisted upon by all English, and most foreign authors on midwifery, that, when the forceps has once been introduced, it must never be withdrawn until the head of the child shall have been extracted, Dr. Davis expresses his decided dissent from the principle upon which it is founded.

"Nothing" he observes, "can be more absurd and unnecessary, not to say mischievous, than its universal, or even general adoption. In nine out of ten forceps cases, very moderate assistance, either slightly to change the position of the head, or to advance its progress beyond the seat of its temporary lodgement, as also beyond the operation of the impediment, which may have occasioned its arrest, is generally all that is required; so far am I from approving of the rule in question, that, in my own practice, I not only reject it, but almost always reverse it."

Again in the same paragraph he says,

"It is impossible to use an artificial power with so much admirable moderation and patience, as Nature herself exhibits in her usual very slow development of the maternal organs. But, if it be assumed that the instrument is not to be effectively used, whilst allowed to remain within the pelvis, beyond the actual demand for its proper power, and not at all after the extension of a certain amount of assistance, excepting on the failure of the natural efforts; then, I contend that it should be entirely withdrawn until such failure shall have declared itself."

The author gives detailed instructions for the use of the forceps in the first and second positions of the child's head, that is, with the forehead towards the sacrum and pubes respectively, recommending uniformly the utmost caution and gentleness; and, insisting strongly on the fact, that a very small degree of extracting force is generally sufficient to overcome all the difficulties of any simple forceps case.

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"It is probable" says he, "that limited degrees of malposition of the fœtal head in the pelvis, should be considered as among the most frequent causes of protracted labours, such as are ultimately attended with the death of the child, but seldom succeeded by any bad consequences to the mother. A competent master of the art might often have it in his power to save the lives of children thus circumstanced, by the slightest possible application of a well adapted mechanical power. The required movement being once effected, nature would then prove quite equal to her proper work, and the demand for artificial aid would instantly cease."

"The final exit of the child's head should never be hurried; nor even allowed, under circumstances of instrumental interference, to take place with great rapidity. The necessary development of the inferior part of the vagina, including the perinæum and os externum, is almost always, and especially in first labours, the work of a long time. When Nature herself departs from her own proper law of effecting this part of the function very slowly, and by degrees scarcely perceptible, the structures more immediately concerned in the latter efforts of the struggle are liable to be torn, and are, it is known, sometimes actually lacerated."

In treating of the mode of operating with the forceps when the head of the child is in the third and fourth positions, that is, with the forehead towards the right and left sides of the pelvis respectively, our author is of opinion that its further descent is prevented from its long diameter not corresponding with the long diameter of the outlet of the pelvis; and the object of using the forceps is not so much to extract the head as to rectify its position by turning the face, if possible, into the hollow of the sacrum, or if this cannot be done, by turning the occipital vertex of the head towards the sacrum, so as to convert the presentation into one of the first or second position. In using the common forceps for this purpose there is always some difficulty and considerable risk of seriously injuring the bladder and other parts in front of the pelvis, as it is necessary to introduce one blade of the forceps between the head and symphysis pubis, towards which, one of the ears is turned in all cases of this kind. To obviate the risk attendant on the operation, and to diminish the difficulty of performing it, Dr. Davis has contrived a pair, or rather two pair of forceps, specially applicable to cases of the third and fourth positions. When the face is towards the right side of the pelvis, the short blade belonging to the forceps of the third position is to be introduced into the left sacro-iliac district of the pelvis, and applied to the latero-occipital region of the head, *i. e.* immediately behind the left ear, which part will be found to correspond with the left sacro-iliac junction of the pelvis. The long branch is then to be passed up at the right lateral and anterior region of the pelvis, so

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as to include within its fenestra, part of the right cheek and temple above and anteriorly to the right ear. The blades are then easily adjusted at the lock, and by a gentle rotatory movement of the head, the forehead is readily turned from the right, or upper side of the pelvis, into the hollow of the sacrum, and, of course, the occipital vertex will then present, in its natural position, under the arch of the pubes—this being effected the instrument is to be withdrawn, being no further required.

Cases of the fourth position, in which the face is directed towards the left side of the pelvis are to be treated upon the same principle, but with the instrument specially made for them.

It probably will be objected, that the proposed multiplication of instruments must lead to great inconvenience. To this, the reply must be, that the facilities obtained from operating with this variety of forceps, and the risk of delay, pain and worse consequences to the patient, which it enables us to avoid, will be found greatly to over-balance the inconvenience of being obliged to provide ourselves with it. This, at least, is the opinion we have formed of it after many comparative trials with it and the common forceps. In the machines in Dr. Davis's theatre, one circumstance that ought to weigh greatly in favour of the instrument is, that no part of it requires to be brought into contact either with the bladder or urethra during any part of the operation, a circumstance that alone decides its superiority over every other mode of operating that has heretofore been practised in cases of this kind.

With this remark, we take leave for the present of the subject, and of Dr. Davis's work, reserving to a future occasion the remarks we have to offer on the three remaining and very important sections, relating respectively to the "long forceps," and "other expedients for preserving the lives both of the mother and her offspring," and to "obstetric operations calculated to ensure the preservation of the more important life of the mother."

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VII.

An Essay on Venereal Diseases, and the Uses and Abuses of Mercury in their Treatment; illustrated by Engravings of the different Forms of Venereal Eruptions. By RICHARD CARMICHAEL, M. R. I. A. &c. &c. Second Edition. London, 1825, pp. xvi. 376.

LET it not be imputed to defect in the constitution of our nature, that this same vile syphilis, the squalid offspring of sensuality and pollution, should have called forth a greater amount of intellectual emulation, and been oftener made the subject of philosophical and experimental research, than many other baneful maladies that prey, as if by preference, on the vitals of the amiable and the innocent. It is, in sooth, an enticing, though an unholy theme; but we care not, at present, to retrace the oozy labyrinths of its medico-chirurgical history.* On this occasion, therefore, we shall not stay to attempt proving that syphilis, and the actions in which it originates, were rife before the flood, and constituted a principal cause of that overwhelming catastrophe:—nor deem we it expedient to discuss the probability of Moses, both as a legislator and physician, having been acquainted with its nature, and its cure:—as little shall we dissent from the creed of those who believe its existence to have been more ancient than the return of Columbus, in January 1493, from the discovery of the West Indies, and his first expedition; or hold as doubtful the doctrine, that John Arden's "brenning of the pintle," and the "infirmitas mulierum nefanda" in his Grace the Bishop of Winchester's "Customarie Book," were the true lues, carrying with it a secret taint:—neither shall we make it questionable whether Joseph Grunbeck, 1496, gave the first systematic account of this sordid malady, on the Continent; or Francisco de Villabolo's, 1498, the first in Spain; and Jacque de Bethencourt, 1527, the first in France; or William Clowes, 1575, the first in England; and the facetious Peter Lowe, (the father of the faculty of physicians and surgeons in Glasgow) the first, 1596, in Scotland:—no more do we desire to disturb the astrological chronology of Wendelin Hock, when he states, 1502,

* The works of Luisinus, Astruc, Girtanner, Gruner, Ploucquet, and Reuss, will greatly facilitate the views of those in the profession who may be desirous of investigating the history, pathology, and modes of treating the syphilitic diseases.

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that the "Mentagra," *must* have primarily germinated in Europe, in 1483, become frequent in 1484, and grown very general in 1487, because the "new disease" *must* have been produced by the junction of Jupiter, Mars, Mercury, and the Sun, in the sign Libra, which, in his mind, is the "very dwelling-place of diseases;" or to dissent from that of others, who fix on 1493 or 1494, as the epoch when the "reign of syphilis" was completely and extensively established:—neither shall we undertake to shew that Juan Almenar, 1502, was the first to conceive the idea of distinguishing the venereal cases in which mercury is useful, from those wherein its effects are pernicious:—nor shall we indulge a disposition to controvert the theory of the excellent and venerable Leonicens, when, 1497, he assumes as certain, that syphilitic affections were originally determined by insalubrious vegetable emanations, consecutive to the overflowings of the Tiber, the Po, and other Italian streams:—nor shall we dispute the reasonableness of Jacque Jonvenncel's conclusion, wherein he declares, 1572, that syphilis is absolutely a "cluster of diseases:" or question the philosophy of Jean Riolan, though he affirm, 1574, that there is "something divine in the pestilent lues:" or wittingly deprive John Bernhard Oëlffen of his discovery, 1721, that this malady depends on derangement of the "seminal atoms:"—nor yet would we quarrel with Peter Paumier, 1596, and George Arbaud, 1606, when they find themselves led, by fair logical induction, to deny that mercury is an antidote to venereal disorders; nor with Robert Patius, 1649, and Desiderius Claudius Fremond's, 1727, equally just corollary, that mercury is the *only* antidote to syphilis:—neither shall we essay to demonstrate, by the rules of Aristotle, that Jerome Tracastor's "Syphilis," 1503, is a regular and most beautiful poem on the most loathsome (*"fœdæ lues,"*) and execrable of all diseases; or that the burlesque rhymings of Giovanni Battista Lalli, on the same sublime subject, 1629, abound with mirth, melody, and medical science:—nor is it our intention to gainsay the declamations of David Abercromby, 1684, and Francois Chicoyneau, 1718, and Dr. Willoughby, 1723, against the advantages of mercurial ptyalism; or to divest *Doctor* J. Sinteljaer,* though a knave and a quack, of the honour of having been, 1709, the first English "antimercurialist:"—nor shall we tarry to investigate the accuracy of Jesse Foote's new, 1790, discovered fact, that a person is insusceptible of a

* For an account of this important personage, and his proceedings, our readers may consult the Number of this Journal for December, 1821.

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secondary infection from syphilis, while he remains uncured of the primary disease; or that of the "communications" which, in the mind of Dr. Beddoes, 1800, demonstrated the efficacy of nitrous acid, in every form of the syphilitic malady:—nor list we to join, at this time, in lauding Sir James M'Grigor, and Dr. Thompson, and Dr. Hennen, and the military surgeons, for their very praise-worthy contributions to the arrangement of a just antisyphilitic practice:—neither is it our object to re-consider the first edition of Mr. Carmichael's "novel views which gave the profession not a little perplexity;"—nor shall we venture to impugn the dogmas of his "Athenian" reviewers, or to suggest the possibility of there having been, perhaps, as much of the "ultrices iræ" as of "philosophy benign" in his "Reply" to these oracular judges:—but we shall proceed, forthwith, to attempt an analytical exposition of what we regard as most valuable in his doctrines and practice; reserving to ourselves, however, the privilege of indulging in occasional remarks, which we desire to have considered as the expression of our particular sentiments.

Mr. Carmichael's object, in this treatise, is declared to be twofold,—to elucidate an important class of diseases that have been confounded with syphilis in previous writings, as well as practice; and to discriminate the cases in which mercury may be advantageously employed, from those where it ought to be avoided, as a far greater evil than the poison against which it is intended to act as an antidote. The discussion of these intricate questions occupies seven chapters, each of which we propose to take successively under consideration.

Chap. I. — *Observations on those Morbid Poisons which stand in nearest Relation to the Syphilitic, and evidence of the Existence of Venereal Diseases which do not arise from that Poison.* This chapter is introduced with the statement of a *physiological fact*, which observation undoubtedly confirms, and of an *induction*, concerning the legitimacy of which, a difference of sentiment may possibly be entertained. We shall transcribe the fact and the induction; and, with one practical remark, pass on to the other topics with which Mr. C's first section is occupied.

"It is a curious fact," our author begins, "that morbid poisons which excite considerable fever, such as the small-pox and measles, yield to the powers of the constitution, and are capable of a spontaneous cure; while, on the contrary, the poison of syphilis, which produces scarcely any fever, or one so low as in general to escape observation, yields so slowly and imperfectly to those powers, as commonly to re-

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quire, for its extinction, the intervention of art. In the former instance, the increased action of the system is sufficient to overcome the poison; but, in syphilis, it seems to be nearly, if not altogether insufficient. Thence, it would appear, arises the necessity, in this disorder, of artificially raising an action, by means of mercury, which, though capable of superseding the influence of the poison, does not, however, extinguish, like the natural fever in small-pox, the susceptibility of receiving the disorder again."

Now, granting Mr. C's first principle, as we very readily do, we cannot, nevertheless, perceive any thing like a philosophical connexion between it and his consequent doctrine, "the necessity of artificially *raising* an action by means of *mercury*:" in our mind, it neither authorises us to teach, that an action should be *raised*, nor, though such action were required, that it ought to be *raised* by the specific operation of *mercury*. From the fact, then, as a first principle, it is quite evident that we cannot, legitimately, come to other than this conclusion,—that "in this disorder," the morbid should be *changed* only, and healthy action restored: but whether this *change* can be accomplished by the salutary influences of the "sacred wood," or of sarsaparilla, or mercury, or of rest and regimen, can be discovered purely by experience: *i. e.* the mode of practice,* suggested by this view of the first principle, must be entirely empirical. Every one knows, of course, that incessant changes naturally take place in the animal economy, through the processes of assimilation, absorption, and excretion; and that the end of these changes is, the appropriation of such organizable elements as may be subjected to the action of parts, for the purpose of being made conducive to their sustenance and vitality, and, at the same time, the rejection of whatever, in these parts and the system, is preternatural, unsalutary, or has become useless; that living nature, in short, unceasingly labours to maintain the healthy state of existence, and to resist or expel disease. Such being the case, the syphilitic poison, however introduced, must have the effect of exciting in the system a self-defensive re-action, so to speak, having for its chief object, the decomposition or expulsion of the poison, and the consequent re-establishment of health; and it is manifest, that the means of attaining this end shall undergo many modifications from the circumstances, whether incidental or constitutional, of those individuals to whom the poison has been com-

* More than four years since, we expressed sentiments regarding this question which we have not yet found reason to qualify or renounce. They stand in the Number of this Journal for March, MDCCCXXI, p. 369.

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municated. By adopting this view of the question as a practical principle, then, we shall be better able to reconcile the discordant results of the same remedies in the same form of disease, and to explain the reason of the same disease being readily cured by various and even very dissimilar methods and means of treatment.

Proceeding now with Mr. C. to a consideration of those morbid poisons which stand in nearest relation to the syphilitic, we find him making the yaws, sivvens, the Canadian disease, the northern leprosy, and the button scurvy of Ireland, the subject of inquiry. His account of each of these singular affections is neat and perspicuous; but we cannot enter into a detail of them; his concluding remarks on the yaws, may be taken in illustration of his sentiments regarding the nature and treatment of the rest.

"Upon reading them (Dr. Bateman's observations on yaws,) I was forcibly struck," says Mr. C. "with the strong coincidence which exists between that disease and the constitutional form of some of those complaints which have hitherto been confounded with syphilis. This coincidence is not only striking, with regard to their form, the eruptions being alike composed of papulæ and pustules, and attended with pains in the joints; but also in the circumstance that, like the exanthemata, they will run their course, and not relinquish the constitution till they have completed their various stages. We also find that the exhibition of mercury, in those resembling (syphiloid) diseases, may suspend the disease itself, and clear the skin of the eruption, but will leave the patient still impregnated with the virus, which evinces its presence as soon as the mercurial irritation has subsided, by a re-appearance of the eruption, or affections of the deep-seated parts."

Mr. C's sketches of the "resembling diseases," will be perused with great interest and advantage: we are decidedly of opinion with him, that not one of them has any natural or necessary relation to the syphilitic taint, though any of them in a state of complication with it may be occasionally detected in practice. The remaining portion of the chapter is occupied with testimonies of the existence of syphiloid diseases before the introduction of syphilis. As these testimonies are chiefly taken from Astruc, Becket, Hunter, Adams, Abernethy, and Bateman, we shall content ourselves with referring our readers to the original writings, and finish this branch of the subject with extracting Mr. Carmichael's concluding paragraph.

"Having, as I conceive," p. 40, "adduced sufficient evidence to prove, that ulcers in the generative organs were at all times common before there was, in this part of the world, any acquaintance with syphilis; and that these ulcers were frequently followed by constitutional

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disorders; we must acknowledge," says he, "the necessity of discriminating them from those of true syphilis, and from each other, and not condemn all, however unlike, to a similar mode of treatment, because they happen to be found on the same parts, and are produced by the same kind of communication. We might, with as much consistency, treat all ulcers of the throat alike, whether arising from scrofula, scarlatina, or simple inflammation; yet, strange to tell, at this improved period of surgery, and notwithstanding the valuable observations of Mr. Hunter, Mr. Abernethy, and Dr. Adams, it is too generally the practice to treat every ulcer on the genitals as syphilitic, whatever may be its appearance, character, or distinction."

Chap. II. *General Observations on Venereal Diseases: their Specific Distinctions, and Appropriate Mode of Treatment.*—After alluding to the extraordinary mass of evidence collected by the Army Medical Board, on the non-mercurial mode of treatment, Mr. C. condescends to this expression, to which, we suspect, there will still be some objections.

"This much," says he, p. 47, "I believe I may venture to assert, that ample experience has been afforded to prove that every form and stage of venereal disease are capable of being cured without the aid of mercury; and that nodes and affections of the deeper seated parts seldom or never occur in those cases where mercury *has not been employed.*"

To the following statement, however, it is manifest that fewer exceptions, at least rational exceptions, can be taken:

"I have said above," Mr. C. adds, "that the non-mercurial mode of treatment in the cases collectively considered, has been more slow in effecting a cure, than where mercury has been employed; but, if we withold that medicine when its employment may be dispensed with as useless, or avoided as dangerous, and if we have recourse to it where its adoption is likely to be attended with advantage, I shall venture to assert, that the cure in all cases, collectively considered, will not only be far more certain, but by many degrees more rapid, than by following either of the sweeping systems of exhibiting or with-holding mercury in every case."

Having made these previous statements, Mr. C. enters into a discussion, critical, practical, and pathological, from which we may deduce in general,—that he disbelieves the doctrine of mercury being the only remedy for every form of venereal disorder, gonorrhœa excepted: that he regards the term *syphiloidal*, as a plausible though delusive epithet, adapted well enough to conceal professional ignorance, but leading by direct tendency to uncertain or dangerous practice: and that, from the difference that exists in the appearance and progress of

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certain groups of concomitant symptoms, he presumes the existence of a plurality of venereal poisons. In support of this last conclusion, he adduces the indisputable variety of character exhibited in primary ulcers and venereal eruptions; the latter being so numerous as to afford specimens of almost all the different orders of cutaneous diseases. He also allows considerable weight to the historic evidence detailed by a multiplicity of authors, testifying that infectious venereal diseases existed at all times previous to the introduction of syphilis, towards the close of the 15th century; and thus reasons,—if we were to admit but one venereal poison, we must conclude that the regularity of the progress, and uniformity of the symptoms, which are observed in all other morbid poisons, do not appertain to this, and this alone; thus making an unreasonable and unwarrantable exception to a universal law of nature. After arguing, and we think not unsuccessfully, that the plurality of venereal poisons is confirmed by the variety of primary ulcers, and still more so by the multiplicity of constitutional eruptions, he advances these very judicious remarks, which we have pleasure in transcribing.

"This view" (the distinction between a papular and the pustular terminating in ulcers) "may conduce to satisfy us that the powers of the constitution are much more restricted in modifying the symptoms of a morbid poison than is supposed by those who adhere to the general opinion, that the same virus may produce in one person the scaly lepra; in another, papulæ that terminate in desquamation; in a third, pustules, the precursors of malignant ulcers; and in a fourth, tubercles, exhibiting a diversity which does not occur in the eruptions of small-pox, measles, scarlatina, and other morbid poisons—at the same time, forgetting that all are equally subjected to the influence of the constitution."

"From an attentive consideration of a vast number of cases," he adds, p. 53, "I find strong grounds for concluding, 1st. That the syphilitic chancre is attended by the scaly eruptions, lepra and psoriasis, an excavated ulcer of the tonsils, and pains and nodes of the bones; 2nd. That the simple ulcer, without induration, raised edges or phagedenic surface,—gonorrhœa virulenta, and excoriation of the glans and prepuce, are followed by a papular eruption, which ends in desquamation, pains in the joints resembling those of rheumatism, soreness of the fauces, and frequently swelling of the lymphatic glands of the neck; but that, in a vast number, not a single instance was observed in which nodes were an attendant upon this eruption: 3d. That the ulcer with elevated edges, in the few instances, in which I had an opportunity of tracing it to its constitutional symptoms, was followed by a pustular eruption, which terminated in mild ulcers, pains in the joints, and ulcers in the throat, but no appearance of nodes; yet," as he states with exemplary candour, "that the instances in which I had an opportunity of witnes-

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sing distinctly the connexion between the primary and secondary symptoms of this poison, were too few to form a decided conclusion with respect to this particular: 4th. That the phagedenic and sloughing ulcers are generally attended by constitutional symptoms of peculiar obstinacy and malignancy, *viz.* pustular spots and tubercles, which form ulcers that spread in general with a phagedenic edge, and heal from the centre; extensive ulceration of the fauces, particularly of the back of the pharynx, obstinate pains of the knees and other joints, while nodes are frequently present, and the bones of the nose are frequently affected: and 5th. That, when an eruption, no matter what its character may be, is on a surface opposed by another, as on the fossa of the nates, upper part of the inside of the thighs, or in the axilla, the spots, if they do not ulcerate, extend into soft, moist elevations of the cutis, which ought to be treated according to the nature of the disease to which they belong. Thus, if they are syphilitic, with mercury; or, if papular, pustular, or tubercular, with the remedies recommended for the specific disorder. According to the established practice, these condylomatous swellings, as they are called, are universally treated with mercury; but I have, in innumerable instances, cured them and the other symptoms with which they are accompanied, without the exhibition of a particle of that medicine."

Mr. Carmichael, being now fully aware that the true Hunterian chancre will heal without the aid of mercury, thinks the propriety may be questioned of exhibiting that medicine for its cure; but he regards it as being of so very indolent a nature, and the surrounding parts so very slow in dispersing where mercury has not been employed, that, notwithstanding his conviction of the fact above admitted, he always directs mercury for such cases, where there is nothing in the patient's constitution to forbid its exhibition, and he continues its use as long as the callosity remains. Primary ulcers of this character now very seldom occur, and of course he does not often require to prescribe the medicine for their cure: he never orders mercury for the primary phagedenic and sloughing ulcers, from the most ample experience of their effects. With respect to all other primary ulcers, he never administers it for them, except they continue long, obstinate, and chronic, without shewing any disposition to heal. In such instances, he usually gives some preparation of mercury in alterative doses, watching closely its effects on the sores: if found injurious, its use is instantly discontinued. When the sores appear obstinate after the third or fourth week, he treats them with mercury, for the purpose of altering the actions of the part, as in cases of ill-conditioned ulcers of the leg or other parts of the body. Mr. C. from long experience, has not found that constitutional symptoms more frequently follow this plan, than where full courses

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of mercury had been employed from the commencement. He denounces it, as a sample of inconsistency and folly, to endeavour by mercury to prevent the accession of those constitutional symptoms, for which he should not exhibit that medicine, had they even actually made their appearance. The best and surest means of preventing the occurrence of constitutional symptoms are, in his apprehension, those which heal the primary sore with the least possible delay, and thus prevent the secretion of a morbid poison capable of contaminating the system.

Mr. C. in arranging under distinct heads the numerous appearances and symptoms produced by venereal complaints, professes to follow the same rule which has hitherto guided the judgment of nosologists, in classifying all other morbid poisons attended with eruptions. He thus regards the eruption as the most proper basis of the arrangement; and, without neglecting such auxiliary evidence as other attending symptoms may afford, considers them as of minor importance in determining the nature of the disease. By this method, he finds it easy to dispose of, in their appropriate places under the name of the eruption which belongs to their respective species, the numerous symptoms, both primary and constitutional, of venereal diseases which are so various, as seemingly to bid defiance to any attempt at arrangement. Next to the eruption itself as a symptom, Mr. C. regards the primary ulcer, whose characteristics are in general sufficiently distinct to enable us to foretell, with tolerable certainty, what will be the appearance of the eruption. These primary characters, however, may be destroyed by irritation, which often produces inflammation, and not unfrequently sphacelus; and, he says, not only the distinctive marks of the primary ulcer, but of the constitutional eruption also, may be so modified by the exhibition of mercury, where that medicine is improperly employed, as to become confused and indiscernible. Affections of the throat he holds to be too indistinct to afford any certain diagnosis; and, in forming our opinions, these appearances, he thinks, can only be esteemed as auxiliary to the characters of the eruption and of the primary ulcers. Still, however, they are not to be overlooked, because the affection of the throat which attends the papular eruption, and particularly if the disease has not been interrupted by mercury, is not an ulcerated, but rather an excoriated or erythematous appearance of the fauces, very similar to that which accompanies measles, small-pox, or trivial cases of scarlatina. The excavated ulcer of the tonsil was regarded by Mr. Hunter as the characteristic sign of syphilis in the throat; but our author has found it as frequently connected with the disease

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which follows the primary phagedenic ulcer; upon which also, he conceives caries and ulceration of the nasal bones, and extensive ulcers of the pharynx, to be frequently attendant; but, he says, the same appearances occur in those anomalous disorders that arise from derangement of the constitution, and are not of venereal origin. In every species of the disease, pains may affect the larger joints and other parts: Mr. C. therefore, holds them as a very equivocal symptom; he thinks it useful to know, however, that the shafts of the tibiæ are more frequently subject to this symptom in syphilis, and the knees in the phagedenic disease. Syphilis and the phagedenic disease are alike capable of occasioning nodes; these, for this reason, are equally equivocal and uncertain, as characteristic symptoms. These, and other observations present sufficient grounds, in our author's judgment, for adopting a radical change in the nomenclature of venereal diseases; he, therefore, proposes forming this on the characters of the eruptions, which afford the most certain criterion, whereby to distinguish one species from another. His classification, in consequence, is the following.

I. *The Papular;* or that form of venereal disease which is the most prevalent of all others, and is attended with the papular eruption.

II. *The Pustular;* or that which produces pustules terminating in ulcers, covered with thin crusts, and healing, like common sores, from their margins.

III. *The Phagedenic;* or that which is attended with spots having less of the pustular character than the preceding class, and frequently with tubercles ending in ulcers, covered with thick crusts, which extend with a phagedenic margin, and usually heal from their centre; the term is equally descriptive of the primary as of the secondary symptoms.

IV. *The Scaly;* or that which has the permanent scaly eruption: It is that disease, says Mr. C., which I have distinguished by the name of syphilis, but which has been extended by other writers to every description of venereal disease, although it is probable that every other was known in Europe before it. Anticipating objections to his arrangement, Mr. C. proceeds, p. 68, to obviate them, in these terms:—

"It may, however, be objected to the classification, that the nature of the disease cannot be known until the eruption takes place; and, on a loose computation, it may be regarded that nine cases out of ten of pri-

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mary ulcers are not attended by constitutional symptoms; so that, in a great majority of cases, the disease has never arrived at the stage to which it is indebted for its name. To this objection I reply, that the primary ulcers afford a less decisive means of determining the nature of the disease than the secondary; yet, from their characters, when unaltered by irritation or mercury, we may discriminate their nature with sufficient certainty to decide on the precise eruption they would produce in their secondary state. For instance, 1st—the ulcer, without callosity, raised edges or phagedena, in fact, without any peculiar characters; and which may, therefore, be termed the simple venereal primary ulcer, produces the *papular* eruption which ends in desquamation; and the same effect is produced by a patchy excoriation of the glans and prepuce in men, and of the labia and vagina in women, and also by a gonorrhœa virulenta. 2d, The ulcer with raised edges produces the *pustules* which terminate in small ulcers covered with *thin* crusts, and which *heal from their margins.* 3d, The phagedenic and sloughing ulcers produce the pustular spots and tubercles which terminate in ulcers covered with thick crusts, which are accompanied with *phagedena, and heal in general from their centre.* 4th, The primary callous ulcer, or chancre, is attended with the well-known *scaly eruption, lepra* or *psoriasis.* In this concise view of venereal diseases," he concludes, "we may perceive that they do not form an exception, as is generally imagined, to that uniformity of symptoms and characters which marks the progress of all the other morbid poisons with which we are acquainted."

Before passing from this chapter, the principal doctrines of which we have here endeavoured to delineate, we would take occasion simply to remark, that the pathological theory unfolded in it is exceedingly ingenious, but perhaps too perfect to be susceptible of uniform confirmation by the results of practical experience, so liable at all times to be influenced by the circumstances of different and distant observers. We ourselves, indeed, in our limited sphere of observation, have more than once been distressingly puzzled by the occurrence of remarkable deviations from the laws of morbid action, by which Mr. C's classification is defined. Thus, for example, we have found in true venereal patients, during the progress of the disease's papular form, all the existing symptoms greatly exasperated by the spontaneous supervening of a dense crop of impetiginous pustules; and, in one case of the same papular kind, the person was seized with confluent small-pox, and between the groupes of this, had the original papulary patches distinctly remaining, not only throughout the variolous eruption, but during a tedious subsequent treatment. In the first instance, the new phenomena were in a great measure disregarded as not originating from a particular source, at least, so far as not to be

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allowed to withdraw attention from the primary affection. The latter proved a cause of extreme embarrassment, as the genuine venereal symptoms never appeared in any degree to subside, even when the system was threatened with being overpowered by the variolous disease. We have also known extensive phagedenic venereal ulcers become complicated with both the papular and pustular eruptions: and we are by no means certain but these, likewise, had a specific origin. We do not wish, however, to attach undue importance to these circumstances; but, regarded merely as forming an occasional incident, they are sufficiently perplexing, and do undoubtedly possess some claim on our consideration. Neither do we conceive that isolated facts of this kind can, in any way, affect the accuracy of Mr. C's. general conclusions; we mention them purely with a view to remind the respected author and our readers, of the difficulties opposed to every system of nosologic arrangement, by the apparently discordant features which disease is ever ready to assume; and, by consequence of the necessity of taking the first principles on which to found practical doctrines, from observations instituted under the direction of different inquirers, and subjected to the different influences of climate as well as of the very diversified relations of social life.

CHAP. III. *Papular Venereal Disease; comprising the complaints that are liable to be attended with an eruption of papulæ, which constitute the most simple, most easily cured, and least dangerous of all the forms of the disease.*—Mr. C. begins this part of his work with a description of the *primary symptoms* which, he says, are either: 1st, a simple ulcer, without induration, elevated edges or phagedena; but whose characters are not very remarkable; 2d, a patchy (this is a new but expressive term) excoriation of the glans and prepuce, attended with purulent discharge; and 3rdly, gonorrhœa virulenta. According to our experienced author, the ulcer, here denominated *primary*, has neither the indurated base of the true syphilitic chancre; nor the elevated edges that surround the primary ulcer of the pustular form of the disease; nor the phagedenic surface of the primary phagedenic ulcer. It is seldom observed at its commencement; but, in the few instances within Mr. C.'s experience, it exhibited a small pustule which continued one or two days on the external prepuce or body of the penis, and then formed a thin crust which, soon separating, exposed an excavated round, or oval ulcer, with a surrounding redness. This, in the second week, began to fill up, and afterwards rose above the surrounding skin, exhibiting a smooth

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surface, having the colour of a healthy sore, but without granulations, and having somewhat of a fungous appearance. The process of ulceration, as well as the surrounding redness, seems to cease as soon as the fungous stage commences; and this may exist an indefinite length of time. From three to six weeks, however, may be taken as the average period of the continuance of this ulcer from its commencement. This, like every other primary ulcer, is nevertheless exposed to be much modified by the patient's constitutional and personal circumstances. It is far more general than any other, and most frequently occurs on the glans and internal surface of the prepuce, where it is apt to induce phymosis. Sometimes, also, it is seated on the external surface of the prepuce, body of the penis and scrotum, in which last situation it is considerably raised, so as to resemble a soft wart; it is rapidly cured by an application of a strong solution of muriate of mercury, in the proportion of two or three grains to an ounce of water. In women, the labia, perineum, and fossa of the nates, are usually the seat of this kind of ulcer.

It is difficult or impossible, our author justly observes, to ascertain when phymosis has taken place, from what source the discharge proceeds, whether from these ulcers or from the patchy excoriation of the glans and prepuce; or whether it flow from the urethra and is a true gonorrhœa. He assures us, however, that it is frequently occasioned by these three affections at the same time; and argues from this circumstance, independent of other reasons, that they all arise from the same poison. This supposition, moreover, he regards as being almost confirmed by the fact, that the superficial ulcers, even when situated so far back as the scrotum or body of the penis, are in the majority of cases accompanied by one or both of the other two affections. In the excoriation of the glans and internal prepuce, the discharge, he adds, does not proceed from the entire surface, but from irregular, inflamed, excoriated patches, between which are interstices of sound cuticle; and from some observations of Dr. Munro and Mr. Whately on the similarity of appearance in the living membrane of the urethra and surface of the glans and prepuce, when secreting purulent matter, he is led to the opinion, that the discharge from these surfaces may be produced by the same poison, and is, therefore, in both instances, the same disease affecting different parts. That the ulcers in question and the excoriation of the glans and prepuce are frequently followed by the papular eruption, Mr. C. thinks every practitioner of moderate experience must admit, but, that gonorrhœa alone may also produce it, he holds to be more questionable. In support of this position, however, he states with

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the eruption, although it is at its height just previous to that event. It exists as long as fresh crops of the eruption continue to appear, and is usually accompanied with pains of the joints, which are most severe at night. The papulæ vary in colour from a pale red to a deep crimson: some of them are simply pimples, while others are almost advanced to the pustular state. The time of the eruption's appearance after infection is quite uncertain. Mr. C. has observed it to occur, in a few instances, in four or five weeks. In some patients, the papulæ are numerous on every part, but particularly on the face, back, and belly; in others, they are thinly scattered over the surface of the body. They do not all make their appearance together, as in the common exanthematous eruptions, but follow each other in succession; so that, on the same persons, some spots will appear, in their commencement, like small pimples with acuminated tops, containing pus or lymph; while others, on their decline, consist of exfoliations of the cuticle. In the latter stages, their colour becomes paler, and assumes a copper tint, while the exfoliation of the cuticle gives an appearance of scaliness, which is liable to be confounded with the scaly eruption of syphilis. They may, however, be readily distinguished from each other; for when the papular eruption is on the decline, and has assumed a pale red or copper colour, we shall find, on examining the patient, other spots in their papular or pustular form, which will point out the character of the eruption. The copper-coloured scaly surface of the declining papulæ, moreover, is more raised in the centre than its circumference, while the reverse is the case in the true scaly syphilitic eruption. As in all cutaneous eruptions, there is frequently a soreness of the throat; but this is widely different from that which takes place in syphilis, where there is a deep excavated ulceration of the tonsils, with little inflammation or difficulty of swallowing. In this disease, on the contrary, the soreness and difficulty of deglutition are considerable: and, on examination, the entire fauces, but more particularly the back of the pharynx, exhibit an erythematous appearance; not unfrequently also, there is considerable swelling of the tonsils, which assume, as they always do when swelled, an irregular appearance that is often mistaken for ulceration. The cervical glands, likewise often swell and ulcerate, but most frequently when the eruption is on the decline. These swellings are generally, but erroneously, esteemed scrofulous, on the supposition that the patient had scrofula lying latent in the system, which was brought into a state of activity by mercury; they are as liable to arise when this mineral is not, as when it is, exhibited.

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After having wholly disappeared, the eruption will, in a few instances, return again and again, at uncertain intervals of from one to several weeks; each successive crop, however, will be less than the former, and attended with less constitutional derangement: these intervals are also greater as the disease subsides. If, however, the disease's progress has been interrupted by mercury before it has arrived at its latter stages, it is, by this means, rendered more obstinate and complicated. When that medicine is administered on the first appearance of the eruption, and while there exists considerable fever, with severe pains of the joints, requiring the lancet, the patient, is, in general, rendered much worse, his fever is increased, and the pains become more intense. On the other hand, if the mercury is postponed till the fever has subsided, the eruption will, in most instances, disappear under its use; and the pains, though not removed, will be alleviated. So soon, however, as the mercurial irritation has ceased, a fresh crop of papulæ will generally arise, together with an increase of pains, and, perhaps, soreness of the throat. Under these circumstances, another mercurial process is usually recurred to, and the yielding of symptoms, as in the first instance, induces a belief that the right path has been pursued, and that the former failure was owing to the employment of an insufficient quantity of mercury. The patient is, therefore, subjected to a more severe and protracted course of that medicine; and, while he is under its full influence, the symptoms often return with additional severity. This return of symptoms, says Mr. C. shews that the mercurial irritation on the constitution is no longer capable of suspending that of the poison, and this fact, he adds, is probably owing to the effects of habit. When the papular symptoms thus re-appear, the mercury should be discontinued, and the use of sarsaparilla, or other vegetable tonics, which, without weakening the constitution, promote the several secretions, be directed. Under this plan, if the patient's constitution has not been irreparably injured by mercury, he will, in general, have a surprisingly rapid recovery.

Mr. C. concludes his sketch of symptoms with a brief but faithful description of the venereal iritis. Intolerance of light, and defect of vision, he informs the inexperienced, are usually the first symptoms which induce the patient to seek advice. On examination, a want of the usual transparency of the aqueous humour is observable, and is caused by a deposition from the inflamed vessels of the iris; the pupilar edge of the iris, at the same time, exhibits a thickened and puckered appearance, which causes an irregularity in the circular form of the pupil,

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most observable at its upper part. A change of colour may be discerned in the iris, on comparing it with that of the other eye, if it has not also been affected, and although the conjunctiva partakes, in a slight degree, of the general inflammation of the eye, yet the vessels of the sclerotic coat, surrounding the cornea will be seen obviously enlarged, and deeply engaged in the inflammation, which is not strictly confined to the iris, but extends, more or less, to every part of the eye, as is readily evinced by the pain excited by pressure of the eye-ball. As the disease advances, adhesion takes place between the iris and capsule of the lens; the pupil becomes contracted, and portions of lymph not only plug up its orifice, but are deposited on the surface of the iris. Pus or lymph is seen lying at the bottom of the anterior chamber, the humours of the eye become more opaque, and vision more defective. The pain is sometimes intense and lancinating, but, in general, less considerable than might be expected from the extent of the disease affecting the delicate structure of the eye. Suppuration at length ensues, and, the eye becoming disorganized, the matter either makes its way through the sclerotic coat, or transparent cornea, but more frequently through the latter.

Mr. C. had stated, in a former work, that, with one single exception only, the eruption which accompanied venereal iritis, if any eruption was present, was the papular. His subsequent experience, which has been very great, enables him to confirm this statement, by declaring that, among the numerous cases of iritis which occurred during the latter period of his observation, "there was not a single instance of the disease accompanied by eruption, in which that eruption was not papular." Notwithstanding his uncommon experience, however, he still modestly, and with the candour of a mind "conscia recti," declines asserting that this venereal affection of the eyes is *only* attendant upon the *papular* eruption. This leads him to notice and to repel, with a just sense of injury, the disingenuous insinuations made, in reference to the subject of iritis, by a sordid egotist, who manifestly possesses neither pride nor principle. With this low being, however, it was altogether useless to reason: it had been enough, in our mind, to have left him to the bitter writhings which must arise from the reflection, that, though impudence and quackery may sometimes enable a worthless person to pilfer a knighthood, or even to acquire a large share of "filthy lucre," yet these shall never secure to any one the merit of pure virtue—a lasting and generous renown.

Our author considers the absence of nodes as one of the

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characters of the papular disease, but admits that, in a few cases, swellings occur over the tibiæ, which by some may be denominated nodes. They differ from nodes, however, in possessing much more of the inflammatory character, and in affecting obviously the integuments covering the bone, and not the bone itself, for they appear suddenly, and after continuing a few days, as rapidly disappear, without the exhibition of mercury.

Mr. C's treatment of the *primary symptoms*, consists in keeping the patient as quiet as possible, with very light diet, under every circumstance; but, if inflammation, with swelling and phymosis, be present, in strictly confining him to a recumbent position: in the latter case the antiphlogistic rules ought to be rigidly observed. The internal remedies he prescribes, are the vegetable and saline cathartics, with antimonial preparations. Unless the ulcers are very inconsiderable indeed, the gentlest exercise will disturb them; when they are at all irritable, confinement to the house is indispensable. These ulcers will heal under the use of any simple astringent wash or mild ointment: if, however, they pass into an indolent chronic state, mercury, in alterative doses, will certainly hasten their cure, by exciting a new action in the part. Mr. C. employs such local applications as are most likely to heal the ulcers as soon as possible; on the principle that the sooner an ulcer which secretes a morbid poison capable of infecting the constitution, is healed, the more likely is the constitution to escape contamination. Being satisfied of the fact, that the earlier the stage of the ulcer, the more active and virulent is its poison, and that, in proportion as it advances to the secretion of pus in place of lymph, its contagious properties diminish, he instantly endeavours to destroy the entire surface of such an ulcer, in its first stage, while it is yet excavated and secreting lymph, by a free application of lunar caustic; and, when the eschar separates, he usually finds a simple, instead of a poisonous sore, which is afterwards covered with lint moistened in a gradually weakened solution of nitrate of silver. He has not, by any means, found bubo to be apt to follow such applications of caustic to primary ulcers, if it be applied at an early period, when they are in their excavated state, secreting lymph, and of small extent.

When, in the second stage of a sore, its surface is either on a level with the surrounding skin, or raised above it, and pus instead of lymph is secreted, no advantage whatever shall be derived from applying caustic with the object of cutting off infection, as Mr. C. terms it, or altering its nature; the ulcer,

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In this stage, Mr. C. usually has recourse to solutions of tartarized antimony, with or without the magnesian sulphate. This medicine, says our experienced author, prevents the patient from indulging a good appetite, lessens inflammation, and is the best means for securing him from painful erections. During its exhibition, large diluent draughts are very beneficial: these, by causing frequent passage of the urine, wash off, without irritation, the virulent matter secreted by the urethra.

Mr. C. does not dispute the fact of almost instantaneous cures being effected, in the first stage of gonorrhœa, by injecting a strong solution of the nitrate of silver, yet he regards the practice as being attended with such risk of exciting severe inflammation of the entire urethra and bladder, and all the immediate, as well as secondary, train of evils connected with this calamity, that he has no hesitation in saying, that it is a practice which cannot be too strongly deprecated.

In the second stage of gonorrhœa, the discharge is thicker and more purulent, and the disease gradually loses its specific or infectious properties. At length, the purulent discharge ceases altogether, and the urethra either regains its healthy state, or has the increased mucous secretion, which constitutes gleet. At this period, such medicines are beneficial, as possess most power over the altered secretions of the mucous membrane, in all parts of the body; there is no necessity for their being endowed with specific or anti-venereal qualities. Than all others, the terebinthinates are the best, and the balsam of copaiba is the remedy upon which, with justice, the greatest reliance is placed; it should be given in as large doses as the stomach can bear. Cubebs, in some instances of Mr. C's experience, has answered his expectations; but, in the greater number, he has met with disappointment. When the discharge resists this treatment, mild astringent injections may be employed; but when much irritability of the urethra prevails, even these are inadmissible: it is far better, says our author, wisely, to trust to time and internal remedies, than to tamper with stimulating applications, which may irritate the parts in their state of increased sensibility. He ascribes the inflammation of the testes and neck of the bladder, and strictures of the urethra, rather to the irritation of gonorrhœal matter, than to the effects of astringent injections, and, therefore, recommends these, as the best means of putting as speedy an end as possible to the cause of such painful visitations. When buboes accompany any of the primary symptoms, he has not learnt, from experience, that mercurial frictions

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will discuss them; on the contrary, the trials he has made, incline him to believe that this remedy tends rather to increase their inflammation, and, consequently, their aptness to suppurate. Leeches and cold lotions, with rest and temperance, will often disperse them; and, even under suppuration, they will heal much more readily when exempted from mercurial excitement. In this form of the disease, however, the bubo is often remarkably hard and indolent; and, in such cases, Mr. C. advises the repeated application of blisters, which cause either the dispersion or suppuration of the tumour. When a bubo is intolerably painful, he opens it with a lancet; in other circumstances, it is left to a spontaneous discharge.

We have now brought the reader to Mr. C.'s treatment of the *constitutional symptoms*.—The papular eruption and its accompaniments, he firmly believes, will yield, in every instance, to the powers of the constitution; but, to effect this, it sometimes requires several months, as the eruption may disappear, and frequently recur in successive crops. When the disorder is on the decline, its cure will be considerably hastened by alterative doses of mercury. Feverishness and pains in the joints, with dyspnœa and uneasiness in the chest, usually usher in the eruption, and require repeated abstractions of blood, which always bring great relief: at the same time, the other antiphlogistic remedies should not be neglected, and particularly the exhibition of antimonials. With these, Mr. C. usually combines the decoction of sarsaparilla, after the inflammatory action has been overcome; and, with this treatment, he seldom fails to remove the symptoms: when these do not yield readily, he directs pills of antimony and calomel with the decoction of the woods, in small alterative doses, which can be exhibited with safety; and have, in no instance, disappointed him in curing this papular form of the disease, the simplest indeed, he says, and most manageable of these diversified complaints. He presumes, in fine, that the ease with which this disorder is cured, in some degree arises from the fever or reaction of the system by which it is attended; and thinks that, in this respect, it bears a close analogy to the exanthematous poisons which the constitution overcomes by its own unassisted powers. Should we not, therefore, be careful, he asks, not unnecessarily to interfere with the powers of the constitution, which we have now sufficient evidence to assure us, are in every *instance* adequate to overcome the poison which induces this form of venereal disease? If the term exanthem, he continues, is intended by nosologists, to designate "a contagious disease, beginning with fever and followed by an eruption on the skin,"

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the various forms of the venereal disease, but in particular the one under consideration, have as strong a claim to be included in the class, as either small-pox or measles. With such views, he states decidedly that venereal diseases *ought* to be treated on the same principle; and that, when we quit the plain dictates of pathology to follow those of mysticism, if not of empiricism, we only entangle ourselves in inextricable errors, rashly driving the eruption from the surface, regardless of the axiom of the philosophic Jenner, THAT ERUPTIONS ON THE SKIN ARE THE SAFEGUARDS OF THE CONSTITUTION.

Mr. C. asserts that at least three-fourths of all the venereal complaints which prevail in Britain and Ireland, are of that kind which gives birth to the papular eruption. This, he often repeats, and seems anxious to impress on the reader's attention, he is always certain of seeing yield to his mode of treatment, unassisted by the disgusting and injurious process of a full mercurial course. He advises confinement generally, but inculcates it as indispensable in cold weather. In proof of its utility, he states the rapid amendment of hospital patients. If such subjects, *cæteris paribus*, are really more readily cured than others, it would have been acceptable to see the facts on which this doctrine rests. In the papular form of the affection he is always better satisfied of the permanent safety of his patient, *when mercury has not been employed;* and he affirms that, if the eruption and its accompanying symptoms do not return in a few weeks, he may be considered as cured; but, on the contrary, *if he has employed mercury*, the disorder may return after many months, unless the medicine was exhibited when the disease was on the decline. He, therefore always, (it is ever *always* with our generous enthusiast,) considers a patient who has been treated *without* mercury, as being by much the most secure against a relapse. In many hundred cases of the papular eruption, he has not met with a *single instance* in which it was attended with nodes; our own experience leads to the same result nearly,—but we suspect the circumstance falls greatly short of being universal. Mercury, he concludes, should never be exhibited, unless at a late period after the disease has nearly yielded to the powers of the constitution; because it merely suspends the influence of the poison for a time, but does not supersede its action altogether, as is too certainly evinced by a return of the symptoms as soon as the mercurial action subsides.

"In fine," he says, p. 122, "our object in the treatment of the constitutional disease under consideration, should be,—1st, to moderate the action of the system, if the fever which attends and accompanies

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the eruption, should be violent: 2d, after the fever is considerably lessened or subdued, the exhibition of sarsaparilla, either alone or combined with antimonials, affords the most safe and efficacious mode of treatment. The action of sarsaparilla, particularly when assisted by antimonials, is to increase all the secretions; and these must not be checked, particularly that of the skin, by imprudent exposure to cold. The diet of the patient may be light and nourishing, but not heating or stimulating; and he ought to increase the quantity of mild diluting drinks he is in the habit of taking, which will assist the action of sarsaparilla * on the skin and kidneys; 3dly, when the eruption has declined, no new spots appearing, and those remaining all desquamating or scaly, while the patient still complains of lingering pains in his head, elbows, hips or knees, the disease being obviously on the wane, it may now be subdued altogether by alterative doses of mercury conjoined with antimony; and with this, the sarsaparilla may still be continued, either in the form of decoction or infusion."

Mr. C. next relates eight cases in illustration of the papular form of venereal disease, and of his mode of treating it;—on these, however, we cannot dwell. At p. 133, he returns to the subject of Iritis, on which he advances some excellent remarks. He assures us, that one good effect of treating venereal complaints without mercury is, that we are enabled to remove that accumulation of doubts, which are eternally arising while that medicine is employed, and which so often embarrass us in deciding whether we ought to attribute the occurrence of new symptoms to the disease or to the remedy;—to the *morbid* or to the *mineral* poison. It is his decided opinion, that iritis is frequently found in those who have never used mercury; and he believes it to be equally certain, that it has never been observed in a person who was salivated for any disease that was not venereal. Inflammation of the iris, whether it originates from venereal infection or any other cause, will readily yield to mercury, and the antiphlogistic remedies; because the mercurial action is one of the most effectual means of arresting the disorganizing process of adhesive inflammation, whether of the iris or of any other texture of the body; it, in fact, extinguishes the inflammatory principle, prevents the deposition of coagulable lymph, and promotes its absorption, when this has commenced; and thus affords an explanation of a seeming anomaly:

* The red sarsaparilla has been lately introduced into practice, and is far superior to every other description. Mr. C, gives the following formula for preparing the infusion in lime-water: R. Sarsaparillæ Rad. incisæ, ℥iv. Glycyrrhizæ Rad. contusæ, ℥i. Aquæ Calcis, lb. iv. macera per horas xxiv. in vase lentè clauso, dein cola.

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that the symptom of a disease should be cured by a medicine which is incapable of arresting the disease itself.

Mr. C. appears willing to admit, on the authority of Dr. Thomson, that mercury, though a powerful auxiliary in the cure of venereal iritis, is not absolutely necessary to its removal. Dr. T. continues successfully to prescribe bleeding, blistering, and the antiphlogistic plan of treatment, carried to the utmost extent: in his own practice, Mr. C. throws in mercury as speedily as possible, with a view of stopping the adhesive inflammation; but, at the same time, he does not neglect to employ both local and general bleeding, blistering, the use of belladonna, and the antiphlogistic regimen. From many hundred cases, in which this method of cure was adopted, he has been led to these conclusions; 1st, that iritis is an attendant upon the papular eruption; 2d, that the eruption will occur after either the alterative or full courses of mercury; 3d, that gonorrhœa alone is sufficient to produce the papular eruption; 4th, that iritis will occur where little mercury, or none at all, has been employed; and, therefore, that the disease cannot be attributed to that medicine; 5th, that there is great utility in combining the depleting, with the mercurial plan; but the mercury must be discontinued as soon as the mouth is affected; and 6th, that, in a considerable number of cases, the iritis was not attended by any eruption whatever, and it yielded to the same plan of treatment.

With some very sensible remarks, interspersed with original observations, on the views of Mr. John Hunter, Mr. Abernethy, Dr. Adams, and Dr. Bateman, on the existence and frequency of diseases resembling, but really differing from true syphilis, our author brings this important chapter to a conclusion. He trusts that, in his account of the first class of venereal maladies, he has adduced sufficient evidence to satisfy any reasonable mind, that the same virus may produce the three primary affections he has described,—that these primary affections are all liable to be followed by the same train of constitutional ailments; and that all the symptoms of this, the *papular* disease, both primary and constitutional, may be easily recognized and distinguished as to their external characters, by those who endeavour to discriminate one disease from another. He also trusts, that he has offered strong grounds to infer, that the appearance of the venereal eruptions is far from irregular; but, that the embarrassment of the practitioner has arisen, not from any want of uniformity in the *effects* of those poisons, but in the circumstance of his ascribing to *one*, the diseases which arise from *several* poisons. The papular, pustular, and phage-

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denic venereal affections have hitherto been attended with more danger, he thinks, than the scaly or true syphilis; not, however, because they are, from their nature, in reality more formidable, but because they have been confounded with that disease, and consequently subjected to an inappropriate remedy. Thus it happens, he says, that the symptoms of those disorders recurring after the use of mercury, that medicine is again resorted to, and the mercurial irritation is alternated so often with that of the disease, that the patient at length falls a victim to their combined effects; and, in this way, numbers are annually destroyed. When once known and distinguished from syphilis, they are no longer troublesome: the powers of the constitution, assisted by simple remedies, are sufficient for their cure; they may be tedious, but they cannot be destructive.

Chap. IV. *Pustular Venereal Disease.*—In this, the *primary ulcer* has a reddish-brown surface, bordering closely on the phagedenic character. It begins in the shape of a small pustule attended with itchiness, and has elevated, well defined margins: it is not excavated, however; but is either level with the surrounding skin, or considerably raised above it: in general, it has a chronic nature, and evinces little disposition to spread. Its well defined and elevated edges, with the absence of smoothness and all other fungous appearances, distinguish this from the primary ulcer of the *papular* disease: its well defined margins, its surface not being irregular and "corroded-like," and also its exemption from painful and acute symptoms, distinguish this from the phagedenic primary ulcer: and its want of the callous edge and base distinguishes it from chancre. Ulcers of this kind are most frequently found on the external surface of the prepuce, the body of the penis, and occasionally on the scrotum, and vary from the size of the smallest pea to that of a shilling. When of the former size, they often form a circle round the orifice of the prepuce, and occasion, when the sores heal, a permanent phymosis which can only be removed by the knife.

Mr. Evans, in his work on ulcerations of the genitals, had stated his conception of our author having been led into error, in his first edition, when he supposed that the primary ulcers of the papular and pustular forms of the disease are essentially different: Mr. C. however, repeats his entire conviction of the accuracy of his opinion, and here recapitulates the chief circumstances which, he conceives, sufficiently warrant him in the assumption, that these ulcers are essentially different, and arise

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from different poisons: nevertheless, he admits that he has not met with many instances in which he was enabled to follow this (*the pustular*) ulcer to its constitutional symptoms. From this discrepancy of sentiment entertained by two gentlemen of high talents, and the greatest professional experience, regarding a matter of almost pure observation, we would deduce, at least, this instructive lesson. That too much circumspection can never be employed in drawing the general conclusions on which it may be proposed to rest the foundations of an important modification of practice.

Mr. C. has had occasion frequently to observe that the buboes, which proceed from the pustular virus, resemble the primary ulcers of the same specific infection, in their tendency to form projecting or undermined edges, particularly where much mercury has been employed; and, if these edges are not removed by art, they remain for months, and perhaps years, without healing. He always uses the scalpel for their removal, and thus, generally shortens their treatment. Full courses of mercury universally increase their tendency to burrow; but, he says, the ulcer is too often attributed altogether to the disease; and, the more it spreads, the more abundantly is the infallible *specific* administered. In the pustular *primary* ulcer, stimulating and caustic applications certainly produce no beneficial effect; and, if the sore is irritable, encourage it to extend. Our principal care, he adds, should be to keep the patient at perfect rest, which, with gentle astringent applications and mild ointments, seems to be all that is requisite: his treatment of the *constitutional* symptoms, is little different from that of the constitutional symptoms of the phagedenic ulcer, at the consideration of which we shall forthwith arrive.

Passing some cases which, of course, go to prove the supremacy of the practice they are adduced to exemplify, we come to the following remarks on eruptive diseases, with the transcription of which we shall terminate our view of this chapter.

"All eruptions, venereal or not venereal," says Mr. C. p. 160, "imperceptibly glide into those of the nearest character; and, it often happens, that practitioners can only determine the nature of the eruption, for which he is called upon to prescribe, by an attentive consideration of its progress. Thus, the chicken-pox, which is a vesicular eruption, is often found to contain pustules so large and so closely resembling those of small-pox, that it is only by attending to the progress of the eruption, and perhaps its termination, that the one can be distinguished from the other. On the contrary, small-pox often exhibits so many papulæ and vesicles, or half-formed pustules, that the character of the disease is not very easily distinguished, even by the most experienced practitioner,

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until its progress determines its nature. The common itch exhibits three orders of eruptions at the same time: *viz.* pustules, vesicles, and papulæ; and yet the venereal character of the disease is so obvious, that almost any person can, without hesitation, decide upon its nature. In the same manner, venereal eruptions are sometimes observed to glide into those of the nearest character; thus, the papular eruption may exhibit a few pustules which, like the pustular venereal eruption, form their crusts instead of ending in desquamation; but still the character of the disease is so apparent, that there is not, by any means, the same degree of ambiguity which attends the variolous and varicellous diseases; and in the same way the pustular disease may exhibit papulæ among its pustules, to which the same observations may be applied; but this practical one is worth adding, viz. *that the more closely the eruption approaches to the form of papulæ, terminating in desquamation, so much the more mild, yielding, and manageable will the disorder be found.*

"The phlyzacious pustules, which have been observed to arise from the ulcer with elevated edges, all terminate in superficial sores, covered with thin scaly crusts; yet, although a few pimples may be intermixed with these pustules, the general character of the eruption is sufficiently obvious to evince its pustular nature; and the general mildness of the eruption and of the ulcers which it produces, compared with the thick crusts and spreading ulcers, with phagedenic margins of the phagedenic disease, sufficiently points out the distinction between them. The eruption which I attribute to the ulcer with elevated edge often exhibits at the same time on the same individual new formed pustules; others in their scabbing state, with an intermixture of small ulcers whose crusts have fallen off, and of discoloured patches of skin when they have healed, so that nothing can be more disgusting than the appearance of a patient under those circumstances. In this state of the surface there is nothing more efficacious for clearing the skin of all this foulness than sulphur fumigations. Baths, impregnated with sulphuretted kali, (*potassa sulphuretum, P. L. and E.*) and the nitro-muriatic acid baths, are also useful, but not equally efficacious with the sulphur fumigations. Smearing the body with equal parts of tar and sulphur ointments is also of service; with these applications I also combine the internal exhibition of sarsaparilla and antimonials.—The pustular venereal disease, p. 164, both in its primary and secondary symptoms, forms the natural link between the papular and phagedenic venereal diseases. It is more obstinate and inveterate than the papular, but in no instance possesses the malignity and destructive tendency of the phagedenic: the reader need only contrast its symptoms with those of the papular disease, to observe the wide distinction between them."

CHAP. V.—*Phagedenic Venereal Disease.* Mr. C. proposes, in this part of his essay, to describe the phagedenic and sloughing ulcer, and their constitutional symptoms. The phagedenic has an appearance of local corrosion, and neither exhibits gra-

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nulations nor surrounding induration. Sometimes, it spreads with rapidity, causing great destruction of parts in a few days; in other instances, it creeps on slowly, healing in one place and making progress in another: unlike a chancre, however, instead of being checked by mercury, it is almost always rendered more inveterate and rapid in its progress by that mineral. It attacks the glans penis more frequently than any other part, but usually proceeds to affect the prepuce, which it often entirely consumes; and, continuing its depredations on the corona and glans, at last effects their total destruction. When this takes place, the ulceration usually receives a sudden and permanent check: at other times, a spontaneous arterial hæmorrhage occasions a favourable change. This hæmorrhage is often very profuse; and, in many cases, requires to be restrained by a ligature: it is an occurrence, however, that is in general fortunate, for in such cases the ulceration is often stopped in its progress by this cause alone. It happens, also, but more rarely, that, notwithstanding every anodyne and lenient application, the ulceration will gradually proceed, until the entire penis be destroyed. There is another circumstance characteristic of this ulcer, worthy, says Mr. C. of remark, *viz.* the frequent return of ulceration, after the part has healed, to the very same spot which was first affected.

Notwithstanding, Mr. C. has treated a very great number of cases of the phagedenic ulcer, he has never yet, he says, had an opportunity of seeing it at its commencement: he is, therefore, still ignorant whether it arises from a pimple, pustule, or vesicle; or whether it passes immediately from its origin into the phagedenic state. On our own experience, we would venture to say, that it may and does originate indifferently from any one of these sources: we think we have known it more than once proceed from a pimple, a pustule, a vesicle, a mere abrasion, or even in the course of a single night, from a part in which nothing more than a slight sense of tingling and itchiness without discolouration, had been perceived. This peculiarity, in our opinion, is determined in a great measure, by the rapidity with which the constitution admits the particular taint whereon the nature and characteristic appearances of the phagedenic ulcer depend: though the primary ulcer, and other symptoms usually come first under observation, we entertain no doubt whatever of their receiving their distinctive modifications from those of the constitutional disease. Our experienced author has observed, in two or three instances, as we also have done, that before the ulcer decidedly assumes the phagedenic character, it appears as a small excavated sore, covered

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with white adhesive matter; and he thinks it probable that, in this state, by the application of escharotics, it is as capable of being healed as any other primary venereal ulcer, before it passes into the phagedenic state.

Surgeons have seldom an opportunity of observing the *sloughing* ulcer in its earliest stage: generally, it gives little uneasiness, and thus passes unheeded until it has existed for several days: it is more untractable and destructive than the phagedenic. A minute black spot, resembling a grain of shot, in colour as well as size, is its first appearance; this, however, if examined by a practised eye, will be recognised as a mortifying slough, extending to some depth below the surface. Sometimes, this slough will increase to only three or four times its original extent; and at others, until it engages a considerable portion of the penis, before a line of separation can be discerned between the living and the mortified parts. When the separation at length takes place, we do not find a clean granulating sore, but an eroding phagedenic ulcer, which begins a new kind of depredation on the surrounding parts, equalling the virulence, but not the rapidity of the preceding sloughing process. Suddenly these parts are attacked by severe pain, and afterwards assume a bluish cast; and, on the following day, they are covered with a slough. In this way, the destructive malady extends its ravages, by alternate sloughing and ulceration, until, in the one sex, the entire penis, scrotum, perineum, and pubes are destroyed; and, in the other, until the labia, nymphæ, vagina, anus, nates, and even the bladder and uterus,* are engaged in one extended and malignant state of putrefaction. But if, as Celsus had also described, the ulcer is stopped in its progress, and a portion only of the penis destroyed, the orifice of the urethra becomes so contracted, that the urine passes with great difficulty, unless care is taken to preserve the passage open during the healing of the ulcer.

In most instances, the phagedenic and sloughing ulcers may be readily distinguished from all others, after they have assumed their peculiar characters: but the former does not immediately, on its first commencement, manifest its true phage-

* Mr. C. speaks conjecturally in regard to the precise state of these two last organs: Celsus says, without reserve, that the disease extends to the bladder; from dissection, we can assert that the uterus has been sphacelated in consequence of the spreading of the venereal phagedenic ulceration. Our author would have done a service to pathology, had he added to his valuable illustrations of successful practice, a selection of cases, wherein the morbid effects of the disease had been ascertained by inspection of the parts after death.—*Rev.*

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desic nature. As occurs in the early stage of all morbid poisons, some difficulty may arise in distinguishing this from the other primary venereal ulcers. Our author, however, is of opinion, that it displays its peculiar symptoms so early, that embarrassment cannot often arise from confounding it with an ulcer, which becomes phagedenic from ulceration; for, he adds with examplary candour, "excessive constitutional irritability will cause a venereal, as it will cause any other, to become phagedenic, however originally mild in its nature." Young practitioners especially will, therefore, find great interest in attending to the progress of such ulcers, so as to ascertain, if possible, whether or not they assume the phagedenic character soon after their commencement. Some very judicious practical remarks, which we shall give in his own words, conclude Mr. C.'s description of these primary symptoms of the phagedenic venereal disease.

"These characters of the different primary venereal ulcers, already noticed," says he, p. 170, "are, I trust, sufficiently obvious to enable us, in a great majority of cases, to distinguish the commencement of diseases which take very different courses, and require, in many respects, different modes of treatment. Mercury improperly exhibited, neglect, irritation, and imprudence of various kinds, on the part of a patient, may so irritate and inflame an ulcer, as to render it impossible to decide on its character, until this adventitious inflammation is removed. The same difficulty may arise from the same cause, in enabling us to decide from appearances, whether a person has been inoculated with the vaccine or variolous matter, although nothing can be more distinct than the characters of their respective primary ulcers (if I may be allowed the term) when not thus affected. Inflammation thus occurring on primary venereal ulcers often excites mortification of the part; but then mortification or slough, thus produced is totally different from that which affects the venereal sloughing ulcer. In the former instance, when the sloughs separate, a clean granulating sore is exposed; and, in the other, a phagedenic surface, which proceeds alternately sloughing and ulcerating, as long as the disease continues. As far as my experience extends, buboes are less frequent in this form of venereal disease than in any other. Before ulceration, they do not exhibit any peculiar characters; but, afterwards, they partake of the general malignity of the disease. The edges of the ulcer become undermined, jagged, and irregular; and there is no chance of inducing them to cicatrize, until these projecting edges are removed, which may be done either with caustic or the knife;—the latter is the mode I always prefer, as the least painful and tedious."

Mr. C. distributes his account of the *constitutional* symptoms of the phagedenic and sloughing ulcers into four heads: in our condensed view of his doctrines, we shall adopt the same plan.

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1st. The primary symptom is an eruption of tubercles, pustules, or spots of a particular tendency, which quickly degenerate into ulcers, covered with thick crusts; these ulcers usually heal, in a peculiar manner, from the centre, while, at the same time, they are extending at their circumference, with a phagedenic border. These are often preceded by a high degree of fever, which subsides, or is altogether removed, on the eruption being established. Sometimes the patient will complain of being generally unwell, for a considerable period before the eruption, without being able to state any particular symptoms to account for his indisposition; nevertheless, a general listlessness, pallid countenance, languid eye, broken rest, inappetency and feverishness, sufficiently evince the secret workings of disease. In other instances, acute nocturnal head-aches, with soreness of the scalp, or slight dyspnœa, with tenderness of the breast-bone upon pressure, afford the first indications of a venereal taint. These, symptoms, however, may usher in any of the other forms of venereal malady; but they are most severe, certainly, in the phagedenic.

Mr. C. holds these to be the more usual characteristic signs of this disease, that the crusts which form on the spots assume a conical figure, and that the ulcer generally heals at its centre, while it is spreading with a phagedenic margin; to this general rule, however, he claims the reasonable exception, that accidental circumstances may occasionally interfere, to produce deviations from the ordinary course. He gives an ingenious explanation, by his friend Mr. Farrel, of the circumstance of the ulcer healing in this manner, *viz.* that it may be owing to the destruction of the cutaneous structure, in its centre, and that the skin being there destroyed, the parts underneath throw out granulations, which soon cicatrize; while, at the same time, the ulcer makes progress at its circumference, in accordance with the pathological law, that diseased affections, as well as inflammation, extend in the direction of the tissues they first attack, leaving untouched other tissues in their immediate vicinity. If, therefore, he reasons, this peculiar mode of healing depends upon the destruction of the cutaneous tissue in the centre of the ulcer, it is obvious that, though a frequent occurrence, it does not constitute on indispensible characteristic distinction.

2nd. The ulceration of the throat which attends the phagedenic disease, is of a most formidable nature. It commences in the form of a small white aphthous-looking sore, which usually attacks the velum, or posterior part of the pharynx, but more frequently the latter; sometimes, but more rarely, it begins in

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other parts of the throat. If not checked, it rapidly engages all the pharynx, extends upwards into the nostrils, and is too often followed by caries and exfoliation of the spongy bones, with tenderness of the ossa nasi, with a foul discharge from the nostrils. In its progress towards the mouth, it also affects the tonsils, and seizing upon the velum and uvula, speedily destroys them; thus, on examination, the mouth exhibits one continuous ulcerated cavity, covered with white viscid matter, extending from the palate to the lower part of the pharynx. Should the disease, as is frequently the case, descend into the larynx, it brings the patient's life into the greatest danger, and is accompanied with a most distressing train of symptoms, *viz.* a whispering stridulous voice, constant cough, and copious expectoration of viscid matter, with restlessness, extreme anxiety of countenance, emaciation, night sweats, rapid pulse, and all the concomitants of pulmonary consumption. When the epiglottis has been partially or entirely ulcerated, it can no longer perform the office of a valve. Foreign bodies, in consequence of this, slip into the wind-pipe, as often as the patient attempts to swallow, and excite violent irritation, and fits of coughing. Mr. C. has known two instances of sudden death from this cause; but, in general, persons so affected linger many months, and at length die phthisical. He never yet, he assures us, witnessed a recovery when the larynx was decidedly ulcerated, although mercury, cicuta, opium, blisters, and a variety of other means were employed.

Ulceration of the nostrils may be suspected, when the breath becomes offensive, with an obstruction of breathing through the nose; it ceases to be doubtful, when a foul discharge comes from the nostrils: exfoliations of the bones, and a sinking in of the cartilage, will afterwards prove the disease's ascendancy. Mr. C. found the venereal affection of the nose to be an obvious symptom of this form of the affection, and could readily trace it, in most instances, to the phagedenic primary ulcer: he never saw a case of it conjoined with the papular eruption, or the scaly syphilitic lepra, or psoriasis; on all occasions in which an eruption was also present, this was of the pustular kind, and had either formed scabs or ulcers.

3rd. While the patient is suffering from the eruption, he is, likewise, in general, afflicted with severe and obstinate pains in the joints, particularly in the knees, wrists, and ankles, which often become swollen, red, and painful, under the slightest touch. Usually, also, the knee is affected with the swelling, and other symptoms that denote acute inflammation of the synovial membrane. Mr. C. regards this state of the knee as

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being of so frequent an occurrence that it may almost be esteemed as one of its peculiar characters.

4th. Nodes have never been seen by Mr. C. in any instance of the phagedenic venereal disease, except where mercury was previously administered; but he regards the question, whether they, as well as obstinate enlargement of the testes, do occur in this form, when mercury has not been exhibited, as still remaining undecided. Indolent swellings, containing a serous fluid, and many other anomalous symptoms may, and do supervene: our author, however, has not found them in any cases, except those where mercury had been largely employed; so that he says, we have as much reason to attribute them to the agency of the medicine as to that of the morbid poison, or, more probably, to the combined effects of both. This is rather a "novel" mode of philosophizing; at present, however, we are not critics, but simply analytical journalists, and shall, therefore, pass on from this, and also the remaining portion of the paragraph, p. 177-8, which contains more self-complacency and snappishness than to us appear quite befitting.

Mr. C. is satisfied, that every experienced practitioner will admit, that the group of constitutional symptoms he has described, do often resist reiterated courses of mercury; and that, even while the patient is under the fullest influence of that medicine, but most frequently afterwards, new symptoms, not before observed, will arise, and particularly nodes; but such, he acknowledges, is the apparent perversity of the disease, that after repeated courses of mercury have failed, the patient will sometimes recover under a new trial of the medicine; and *that*, he emphatically adds, at a period when his hopes and his strength have been nearly exhausted. Neither does he entertain any doubt, but that the obstinacy of this disease perpetually *(perpetually?)* arises from the premature and indiscreet interposal of mercury, which interrupts and encumbers its natural progress. The vulgar, he says, often make use of terms which have originated in a close observance of nature, and he cannot but refer to this source the very frequent expression, "*the disease has been set astray*" which is usually applied to the untoward symptoms that occur in small-pox, measles, and scarlet fever, when the eruption suddenly recedes: and, also, to the unexpected attacks of venereal secondary symptoms, when the constitution is under the influence of mercury. In the morbid poisons first mentioned, he proceeds, we know that, on the re-appearance of the eruption, those dangerous symptoms, which arose from the affection of some of the internal organs, and threatened the patient's life, immediately

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decline; and if we may recur to analogical reasoning, *(wherein does the analogy consist?)* in aid of our experience, the propriety of being guided by those facts, in the treatment of the malady under consideration, will not be disputed. Such, then, are the grounds on which our zealous author claims being permitted to argue, that the mercury which intercepts the natural progress of this morbid poison, and often removes the eruption, and heals the constitutional ulcers of the skin and throat, *transfers the disease to the deep-seated parts—the periosteum, fasciæ, and bones;* and that this is *the true reason* that we so frequently witness the occurrence of nodes, and other affections of the deep-seated parts, after the patient has undergone the "fullest" influence of mercury, and flattered himself, in the disappearance of the disease from his skin, that it had been altogether subdued in his system. He conceives himself to be still farther supported in his conclusions, by what he holds to be a fact, that the bones are seldom or never affected in those who have not used mercury. Nor, he concludes, are we to forget, in the argument, our knowledge of the proper treatment of yaws, between the symptoms of which, and the phagedenic venereal disease, there exists the most striking similarity.

Mr. C. illustrates his treatment of the phagedenic ulcer, by eight cases, to which we can only refer: that numbered XXI. is very interesting. It will yield, he generally finds, to the means calculated to remove pain and inflammation: with him, these are, absolute rest in the recumbent position; venesection in proportion to the intensity of the febrile and other symptoms; antimonials, in nauseating doses; warm poultices of bread and water; warm fomentations, in the form of a stupe or injection, between the glans and prepuce; and opium, hyoscyamus, and cicuta, in anodyne and narcotic proportions. When the ulcer has been brought to excite but little uneasiness, solutions of nitrate of silver, or mercurial washes suit some cases; in others, no application seems to arrest its progress. In such instances, a spontaneous hæmorrhage, which is sometimes very profuse, often gives an immediate check to the disease. Our author has often derived the happiest results from imitating this "process of nature," *(this accident rather)* by paring off the irregular and jagged surfaces of the sore, and encouraging the bleeding, by immersing the parts in warm water. When the ulceration is extensive, irregular, and chronic, a band of integument connecting one part of it to another, occasions much irritation. This is to be divided, when rapid amendment will follow. When the frænum is seized in the

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same way, as it occasionally is, division of it with a bistoury ensures success. Venetian turpentine, and balsam of copaiba, in one or two parts of olive oil, and other stimulating applications, are extremely useful to many sloughing venereal ulcers, both on the penis and the groin; they interrupt the phagedenic process, and, in a few days, produce a clear granulating surface.

Mr. C. has not obtained any advantage from emollient or fermenting poultices, in this kind of ulcer; he finds the terebinthinate applications, or a mild camphorated tincture of myrrh more beneficial. They correct the fetor, and stimulate the sound parts to throw off the sloughs; but unfortunately, he says, have not the power of preventing their renewal. One might almost conclude, that the kind of vital action capable of inducing the rejection of one slough, should be sufficient to resist the occurrence of another; but there is no reasoning against facts. Change of air is decidedly advantageous, bark injurious, in this description of sore; which, moreover, not unfrequently improves under large doses of opium and hemlock. When such ulcers have gained considerable ground, an unfavourable issue is to be apprehended: when part of the prepuce or glans only is ulcerated, judicious management may be expected to retrieve the patient from his perilous situation. This brings us to the treatment of the *secondary* symptoms.

When the fever which ushers in the eruption, or accompanies it, runs high, and is accompanied with severe pains in the head, chest, and joints, general blood-letting may be necessary; and opening medicines, with antimonial diaphoretics, will be useful auxiliaries. Pain in the head sometimes readily yields to a blister on the occiput, or nape of the neck; this stage of the disorder requires, also, confinement to the room, with low diet and diluting drinks, as in the other exanthematous diseases. If, however, the fever be inconsiderable, or have been reduced, decoction or infusion of sarsaparilla, in such doses as the stomach will bear, conjoined with antimonials, may be continued till the patient recovers. Mr. C. has made many trials of the decoction of guaiacum-wood, combined with pills of gum guaiacum and antimonial powder, in this form and stage of the venereal disease, with considerable effect; but he places more reliance on the sarsaparilla. All these medicines increase the secretions; and, in cold weather, ought to be exhibited with great caution. In extensive irritable constitutional ulcers with phagedenic edges, we shall find much benefit in combining cicuta with the decoction of the woods; the hemlock may be given in powder or extract, and

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in such doses as shall sensibly determine its peculiar effects on the constitution. Mr. C. believes the nitrous acid to be particularly useful, when the cutaneous affection is characterized by tubercles, which spread into foul and extensive sores; these tumours recede under its use; but, either before or after ulceration, (*i. e.* at all times, as we suppose) it will not fail, when taken freely, to prove a most valuable remedy. When the patient's nights are disturbed by pains in the joints, and general restlessness, the compound powder of ipecacuan, in diaphoretic doses, is by far the best anodyne; and, if these pains are severe during the day also, there will be advantage in repeating this medicine every sixth or eighth hour, in conjunction with the sarsaparilla in place of the antimonial solution.

" Under this simple plan," says Mr. C. p. 201, " I have succeeded in bringing the most alarming cases, in the course of six, eight, or twelve weeks, to a favourable termination. But if mercury has been unnecessarily exhibited during this period, as many months, nay years, might have been required," (*your " Athenian" reviewers, Mr. C. will call this a prophetic assumption*) " to conquer a malady which *is chiefly* rendered formidable by injudicious interference, and which, too often, leads the victim of mal-practice, through a disgusting and offensive train of symptoms, to a painful and lingering death. Half measures will not answer. Thus, many, in other respects, judicious practitioners, adopt the plan of giving mercury in alterative doses, conjoined with sarsaparilla; but, although this is not productive of the same mischief as full courses of that medicine, *yet I have proof, the most positive, in numerous instances, that it can serve no other purpose, but to protract the disease.* I would not, however, be understood to exclude the use of mercury altogether, for the cure of this, the most formidable of venereal complaints. It is against the *abuse*, not the *use*, of this remedy I contend; for none can be more useful than this, if applied at the proper juncture; *and that juncture is, when the disease is on the wane, having, in a great degree, yielded to the powers of the constitution, assisted by the remedies already mentioned.* This stage of the disease will be indicated by the subsidence of acute fever, the healing of the constitutional ulcers, and the termination of such recent pustular or tubercular spots as occur, into a kind of *scabby desquamation*, instead of spreading into ulcers covered with thick crusts, like their precursors. Mercury will not then interrupt the natural progress of the disease, but rather hasten it to its termination with well-timed assistance, while the chance is reduced to little or nothing, of exciting any venereal affection (*venereal affection?*) in the deep-seated parts. Instead, therefore, of injuring the patient's constitution, perhaps irretrievably, by premature and repeated courses of this medicine, the advantage is inappreciable of withholding its application, till the season arrives when it may be administered with a well-founded prospect of success,"

Mr. C. subjoins to these, what he denominates a plain prac-

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tical observation; it is this, that for scaly eruptions, (no matter whether their scaliness has appeared in the very commencement, as in syphilis, or towards their termination, as in other venereal complaints, when the disease and the eruption are equally on the wane, and yielding to the powers of the constitution,) mercury may be exhibited with every prospect of advantage, or, at least, with little danger of inflicting the injury which is seen to occur if the spots, at the time, are destitute of the scaly appearance. Under these views, he regards the excitement of mercurial action in the system, as a chief indication; and, when the skin or throat is affected, prescribes the solution of muriated mercury, or the compound calomel pill, with the sarsaparilla decoction, on account of their tendency to affect the skin. For delicate persons, he directs the decoction, and five grains of blue pill every night; but if they have nodes, or affections of other deep-seated parts, when it may be necessary to excite a full mercurial action, for the purpose of influencing their "low organization," mercurial frictions are often preferable, from their being less likely to irritate the stomach or bowels.

Phagedenic ulcerations of the throat require prompt and decisive measures. When small, with a white "aphthous-looking" surface, our author treats them with oxymel æruginis, the solution of nitrated silver, or that of the oxy-muriate of mercury, applied frequently with a hair pencil, or other apt instrument; when extension, with partial or complete destruction of the uvula, and a great portion of the velum, he employs fumigations, with the red sulphuret of mercury, or the hydrargyrus cum creta, every fourth or sixth hour. He endeavours to reconcile the apparent inconsistency of this practice with his previous doctrines, by stating simply, that it is always better of two evils to choose the least; *i. e.* to use a remedy capable of checking a dangerous ulceration, even though that remedy may render the general disease more unmanageable. Unless when the ulceration has extended upwards into the nostrils, or downwards into the larynx, these fumigations fulfil the desired indication: when either of these misfortunes has supervened, it is difficult to decide on the means to be employed. Mr. C.'s method, and his reasons for its adoption, are the following. Having found the internal use of mercury disadvantageous, he prefers, in the first instance, nearly the same external applications of this remedy (mercurial fumigations) which were recommended for ulceration of the throat, but modified to meet the difference of structure and situation of the parts. With this object in view, he anoints the nostrils, morning and even-

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ing, with a liniment composed of one part of the nitrated mercurial ointment, to three of olive oil; and, at the same time frequently injects the weak yellow mercurial wash. If these means, aided by the decoction of sarsaparilla, do not succeed, the mercurial fumigations should be substituted; and, if even these fail of putting an end to the ulcerating process, a circumstance that will rarely occur, our author proceeds to give mercury internally, in addition to the external applications. He restricts the trial of these, however, to a few weeks, but carefully limits their use, so as not to excite salivation. When the nasal bones become affected, they must, of course, exfoliate before the parts can possibly heal. Mr. C. advises sending persons, in such a condition, to the country, where they should live chiefly on a vegetable diet and in well-ventilated apartments.

Phagedenic venereal ulceration of the larynx has peculiar symptoms; these are, in chief, hoarseness, an increasing croupy cough, anxiety of countenance, expectoration of thick viscid phlegm, progressive acceleration of the pulse, night sweats, emaciation; and, indeed, all the characteristics of pulmonary consumption. Our author has found reason to believe, that this ulceration commences in the pharynx, and extends from this to the epiglottis, and afterwards the larynx usually becomes affected. When this last part has been implicated, direct applications, he says, are out of the question; fumigations or solutions of nitrated silver, may be applied to the epiglottis; to this, however, they cannot. His only resource, then, consists in counter-stimulants applied to the skin, and the internal use of mercury. Blisters, he is satisfied from experience, are not merely useless; they excite unnecessary pain, and are really injurious; caustic issues over the thyroid cartilage sometimes afford a little relief: and, in one instance, moxa contributed to procure a temporary recovery. The patient afterwards became ill, and died; and, on dissection, it was found that a large quantity of serous fluid had been effused underneath the mucous membrane of the upper opening of the larynx, so as forcibly to raise or detach the membranes from the epiglottis and arytenoid cartilages. The aryteno-epiglottidean folds were swollen and œdematous; the epiglottis so thickened and rigid, as scarcely to be susceptible of the slightest elevation, or depression; a foul ulcer, the size of a shilling, was situated on the inner surface of the trachea, immediately below the cricoid cartilage, and the larynx and trachea were "filled" with viscid mucus. In cases of laryngeal ulceration, we have frequently procured benefit, a decided mitigation of

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symptoms at least, from a repeated inspiration of acidulous steam: this is obtained by throwing a suitable proportion of good wine-vinegar, or lime juice, into a deep narrow vessel, filled with boiling water; to this, a few drops of the essential oil of lemons may be added; and the patient's head, as well as the vessel, should be covered with a light close cloth, while the vapour is being inhaled.

On the failure of all other means, Mr. C. proposes the operation of tracheotomy, as a last resource in the laryngeal ulceration, and advises its performance before those symptoms arise which indicate an affection of the lungs. The preferable mode of doing this operation, he says, is by the removal of a portion of the rings of the trachea, either by the knife or scissors; this admits the patient to breathe freely, allows an easy passage for the mucous discharge, and, at the same time, induces that favourable state of quiescence which is necessary to the ulcer's healing.

Pains in the joints, and nodes of the bones, come, in the last place, under our consideration; they are to be treated as in the pustular venereal disease. In the phagedenic form, inflammation and swelling of the knee-joint occur most frequently, and require the most active antiphlogistic measures, such as frequent local depletions, by means of leeches or scarification, with warm fomentations and poultices. When the acute symptoms have been reduced, blisters are serviceable, and the tartarized antimonial ointment. "Mercury, imprudently prescribed, and obstinately continued" determines the worst effects; in numerous instances, Mr. C. has found this symptom yield, in the most satisfactory manner, without the exhibition of a single grain of that mineral; and, generally speaking, he adds, there is no application equal to the tartarized antimonial ointment, for the removal of chronic venereal pains; but, at the same time, the constitutional treatment, comprehending the warm bath, should not be neglected.

Nodes of the bones, our author hopes, will become more and more rare, according as the inveterate practice *(mercury prematurely)* by which they are occasioned, gives place to the modern improvements. He is not certain that they do occur in the phagedenic venereal disease, when mercury has not been employed; but, if they do, leeches and repeated blisters generally relieve the pain, and reduce the swellings. Should, however, notwithstanding these means, the nodes continue obstinate, and the pains severe, recourse must be had to mercury. Periostitis, no matter from what cause it may originate, is powerfully combated by the proper mercurial influences, which

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check the adhesive inflammation. Mr. C. prefers calomel with opium, so as to affect the gums, but employs inunction, when the digestive organs are delicate; on failure of these remedies, he practises a free division of the inflamed periosteum, over the node. He has never seen enlargement of the testes, in this form of the disease, except when mercury had been previously administered; he treats it with leeches, counter-stimulants, sarsaparilla, and antimony; and, when these fail, with calomel and opium, or cicuta, in alterative doses. As a concluding summary, he adds, the treatment recommended for this, as well as every other form of the venereal disease, is, in fact, founded upon general pathological principles, and the success which has attended these views, is neither *obscure nor incomprehensible;* but that they yield to the treatment which a plain sound pathology points out, and which is available against the other diseases to which they bear an analogy.

After submitting a few very sensible practical remarks, in further illustration of his views, Mr. C. passes on to the detail of fourteen cases, exemplifying the injurious consequences attendant upon the premature exhibition of mercury for the constitutional symptoms of the phagedenic disease; but many of them, also, illustrating the beneficial effects of that medicine, when the disease is on the wane. Thirteen of them furnish evidence of the efficacy of the plan of treatment recommended for the constitutional symptoms of the phagedenic disease, many of them, at the same time, exhibiting the primary symptoms. No. XLIV. is an instance of the usual fatal termination of venereal ulceration of the larynx; XLV. XLVI. and XLVII. explain the plan of treatment preferred when the nasal passages are affected. All of these cases are very valuable; some of them remarkably instructive, and we decline transferring an outline of them to our pages, with the utmost reluctance. This, however, is of the less importance, as we do not conceive that any practitioner, after perusing our account of Mr. C's excellent essay, will permit a single month more to elapse, before procuring the work for his own minute and repeated consultation.

Mr. C. closes this, the fifth, chapter of his book, with a reference to the Edinburgh Review (*Med. and Surg. Journ. for July* 1825) of his first edition, and a reply to the objections taken by Mr. Guthrie, to some of his particular views and deductions. The former contains a due proportion of soft and hard epithets; the latter is manly and temperate, but sufficiently distinguished by the author's characteristic manner of philosophizing, and by his enthusiasm. As, however, we are indif-

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ferent lovers, even of generous strife, we shall hasten to the more agreeable consideration of our author's fourth modification of the venereal disease.

Chap. VI.—*Scaly Venereal Disease.* Mr. John Hunter describes the *primary* syphilitic ulcer which, Mr. C. says, gives origin to the scaly eruption, in these words,—"it is somewhat of a circular form, excavated, without granulations, with matter adhering to its surface, and with a thickened edge and base; this hardness, or thickening, is very circumscribed; not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating rather abruptly." This description conveys an exact definition of chancre; so far, at least, says Mr. C. as it occurs on the glans and prepuce, though not on the body of the penis, where a slight difference is observable. Ulcers which are not syphilitic, may, but seldom have a fullness, and slight induration round the circumference; but then, our author adds, this induration has not the firmness of a real chancre, neither does it terminate abruptly, but diffuses itself gradually and imperceptibly into the surrounding parts; in this respect, it differs from chancre so evidently, as to be at once recognized. The induration of a chancre is not confined to the edges only; it extends under the entire surface of the ulcer; frequently, indeed, the ulceration is inconsiderable in comparison with the extent of the induration; and many instances occur, of an indurated knot, or tubercle, on the penis, without any visible ulcer, although these were followed by the constitutional symptoms of syphilis. It is probable, however, that in every such instance, a small ulcer existed, at first, on the callous part, which healed under the use of some local application. Chancre, says the author emphatically, is, in fact, an indolent ulcer, and makes but slow progress, compared to those ulcers of the parts of generation which are destitute of any surrounding induration, and particularly the phagedenic and sloughing ulcers.

Frequent irritation is capable of producing considerable induration around the most simple sore; in forming our diagnosis respecting chancre, we should, therefore, always take into consideration the previous management of the ulcer. When situated on the body of the penis, the chancre has a dark livid colour; the ulcer forming it is level with the surrounding parts, and has less induration than such as are excavated; its edges are a little raised, with the encircling hardness very distinct; and it varies from the size of a sixpence to that of a half-crown, sometimes even extending round the body

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of the organ. If mercury be administered it soon assumes a healthy appearance; but, if that medicine is withheld, the livid surface of the sore alternates every third or fourth day, with that of a bright brown or tawny colour. At the same time, its dimensions slowly extend, and the encompassing induration obviously increases.

Mr. C. illustrates the preceding description, with a case which is quite apposite. We then find him remarking, that the dark livid appearance of this chancre, when extensive, bears some resemblance to that of the sloughing ulcer, and may possibly be mistaken for it: the indurated edge and base of the chancre, however, do not accompany the latter; and, on a close inspection, the surface of the chancre, though dark, does not exhibit a slough or mortification. Its progress, also, is slow, and a little delay never fails to disclose the ulcer's true nature: if *chancrous*, it will, in a few days, assume a tawny appearance; and, if *sloughing*, the destructive process will extend, or the sloughs separate, and expose to view a corroding or really phagedenic ulcer.

Phymosis and inflammation are less frequently symptoms of chancre, than of the other varieties of ulcer; when, however, they do attend it, the circumstances ought probably to be ascribed to an irritable habit, or some irregularity of life, rather than to any particular quality of the poison by which the disease is induced.

We quote the following paragraph, as it contains a fair attempt at originality.

"It is not very likely," our author observes, at p. 309, "that the distinction existing between syphilitic buboes, and those from other causes, before ulceration takes place, will ever be discovered; and, even in the ulcerated state, it is almost impossible to point out, with any certainty, such discriminating marks as will clearly distinguish them. The following circumstances, in conjunction with the history of the disease, may assist in forming a diagnosis. Syphilitic buboes have frequently aching pains, in which they differ from indolent ulcers of the groin, which seem to maintain themselves by habit. The bottom of the syphilitic bubo, which has not been affected by mercury, has frequently a callous feel, and is either of a dark, foul appearance, or of a light brown tawny colour. If an ulcer of this kind spreads, we may, with confidence, have recourse to mercury, and we shall, in most instances, find that quick amendment follows its exhibition. If the tumour in the groin has not been preceded by an ulcer on the genitals, mercury is unnecessary, and may be highly injurious. I am not in the habit of ordering that medicine for buboes which have not been preceded by chancre; yet the subsequent appearance of syphilitic constitutional symptoms has never, in any instance, occurred; or any other circumstances, to induce me to repent of this line of conduct."

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When the syphilitic poison has been absorbed into the system, the *first constitutional* symptoms appear upon the skin, throat, or mouth, and afterwards on the periosteum, bones, and other deep-seated structures. Usually, the cutaneous eruption is considered the first, but ulceration of the throat is as frequently the earliest intimation of the disease having become general. Previously, however, to these local signs, the patient's countenance grows dull and pallid, and he complains of restlessness, want of sleep, head-ache, and other feelings which announce derangement of the constitution. This derangement, in Mr. C's mind, is analogous to the fever which precedes the eruption in the other kinds of venereal, and the exanthematous diseases. In the latter, the fever diminishes as the eruption advances, and the constitution supports itself by its own powers; but, in syphilis, it is slow, and has much of the hectic nature; it may subside, on the first symptoms appearing; but, the irritation from the unsubdued poison still remaining, the same effort for relief is again and again renewed; in other words, says our author, the fever returns, but at uncertain intervals, till the constitution is worn out, or the intervention of medicine excites an action sufficient to supersede the syphilitic irritation.

An efflorescence of the entire skin, giving it a mottled red appearance, frequently precedes the syphilitic eruption; it is *scaly*, and therefore quite distinct from those connected with the other forms of the disease; Mr. C. has never observed it to be *papular*, *pustular*, or *tubercular*, when it arose from the true syphilitic primary ulcer; nor to be *scaly*, when it followed those ulcers which do not possess the characters of chancre, the indurated edge and base: a few pimples on the face of a person having the *scaly* eruption, ought not to be reckoned an exception; the appearance of the entire surface of the body should be taken into consideration. It is found, in almost every instance, on the forehead, breast, back of the neck, the groins, and surface adjoining the pubes: such spots as are situated near parts covered with hair, spread into each other, and give rise to large copper-coloured blotches. On the palms of the hands, or soles of the feet, the cuticle separates, and is quickly regenerated; and this process may be several times repeated, for the thick skin of these parts has not a disposition to form scurf. On this account, if a case should occur, in which the appearances were confined to the hands and feet, it would be impossible to determine, whether or not it were syphilitic. When the eruption affects a skin opposed by another skin, as between the nates or the scrotum and thigh, as under the

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arm, or between the thighs, it is not scaly; but the skin rises into a moist, soft, flat, or convex surface, which discharges a whitish matter. In this stage of the disease, that part of the fingers or toes on which the nail is placed, becomes affected, and a separation of the nail follows; but, of course, there cannot be a succession of this, as of the cuticle. When mercury has not been employed, the eruption proceeds to ulceration, in the following manner:—each spot is covered by scales or scurf, which is thrown off, and succeeded by another; and every new scurf becomes thicker than the preceding, till, at length, it forms a crust, under which matter collects, and gives origin to a true ulcer, that slowly spreads.

Ulceration of the throat, is the *next* constitutional symptom of the scaly venereal malady. In most instances, the tonsil is the seat of the ulcer, which forms without much previous pain and swelling, although it soon produces a considerable excavation. As the tonsils, however, are sometimes deeply ulcerated in the phagedenic disease, the true nature of the ulcer, and of the case, shall be best ascertained by a careful examination of the patient, and the history of his morbid state. Chronic inflammation of these glands, with irregularity of their surface, which is covered with coagulable lymph, may give the appearance, but it is the appearance only, of ulceration of the parts. Another source of deception would arise from an inflamed and ulcerated condition of the fauces, occasioned by exposure to cold and wet, during the use of mercury, did not the peculiar fetor of the breath discover the character of the affection. Ptyalism not unfrequently supervenes, in patients who have not taken mercury; but, in general, these persons have venereal ulcers of the fauces, at the same time. Mr. C. thinks it probable, that this spontaneous salivation is a constitutional symptom of syphilis, and analogous to a similar occurrence in small-pox. He is not inclined to attribute it to the irritation of the ulcers of the throat, upon the mouth, and salivary glands; for, he says, the syphilitic ulcers in question, are attended with scarcely any pain. Now, it is possible that this conclusion may be the right one; but, to our mind, it exhibits a genuine instance of the manner in which the process of philosophizing may be influenced by the enthusiasm of particular views:—when visible effects are attended by operating causes capable of producing them, and these causes themselves are also manifest, we would prefer retracing such effects to the palpable, rather than to a conjectural, origin. Mr. C. reckons it a curious circumstance, but one which he would naturally expect from his view of their nature, that as the patient, in these cases,

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becomes affected with mercury, the salivation begins to diminish, and, at length, entirely ceases; but is renewed again, as the mercurial process is farther advanced; first, arising from the disease, and afterwards from the remedy:—we take the explanation of this from what is observed in daily experience,—the action of an artificial disease, superseding that of the natural.

The bones, periosteum, fasciæ, and ligaments, are the deep-seated parts most liable to attacks of the syphilitic poison; and it is generally thought, our author remarks, that they are affected after the disease has appeared constitutionally on the superficial parts of the body, if it has not been arrested in its progress by mercury, which disturbs the regular succession of the symptoms: we are unacquainted, however, with the evidences of this distinction. Bones nearest the surface, as the tibia, sternum, clavicle, and cranium, are most liable to this disease, the advances of which are so much the more gradual, inasmuch as the affected parts are deep seated. In most cases, the true syphilitic node is a very indolent swelling, increasing by slow degrees, and being attended with as little pain and inflammation, as discolouration of the integuments, until, in an advanced state. *Syphilitic* pains are generally supposed to affect the centre of the long bones, while those of the *resembling* diseases occupy the joints: but, our author justly observes, this is not universally the case; in common with all other aches or pains, they have their exacerbation at night.

Mercury, Mr. C. informs us, subdues the symptoms of syphilis, with greater rapidity and certainty than takes place in chancre. The eruption begins to decline, even before the mercurial impregnation of the system is observed; and, as soon as this is established, the ulcers of the surface and throat begin to granulate, and forthwith cicatrize, and elevations of the skin between the nates, under the scrotum, and in the arm-pits, as well as the ulcers of the tonsils, all immediately amend. Syphilitic nodes, however, do not yield to this medicine with the same regularity and quickness, as the constitutional affections of the surface: Mr. C. thinks this may probably be owing to the low organization of the bones. He doubts the propriety of continuing a full mercurial action longer than two months, which period he reckons more than sufficient to supersede the syphilitic action, if managed with judgment. We submit the following extract to the reader's consideration.

"Syphilis," Mr. C. observes, p. 321, "like other contagious diseases, is obedient to certain laws, from which there is little deviation; but, from the details of most authors, it would appear that it possesses

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but little regularity in its progress. This opinion of the multiform appearance, and irregular course of the disease, is occasioned by several circumstances: 1st. Ulcers on the genitals, which are not syphilitic, are frequently mistaken for syphilitic, and treated accordingly; and this is a source of error, not only in respect of the original disorder, but in the entire train of complaints which may arise from the distemper thus mistaken. 2d. If the primary complaint is syphilitic, the progress of the disorder is interrupted by the use of mercury, and if it is not totally subdued by that remedy, its return occurs at uncertain intervals. 3d, There are a number of complaints, which arise from the use and abuse of mercury, which are frequently mistaken for the symptoms of syphilis; for instance, erratic pains, diseases of the viscera, nervous affections, mania, fatuity, and a variety of other complaints, which can evidently be traced to the imprudent use of this medicine. In the treatment of true syphilis, there is nothing perplexing or dubious, if we except the mercurial phagedena and other effects of that mineral, which may be mistaken by the inexperienced, for the symptoms of syphilis: but the remedy, in the hands of the experienced practitioner, will remove, I may say, with certainty, every symptom, both local and constitutional."

For superseding the syphilitic action, Mr. C. is of opinion, that the maintaining a strong mercurial irritation in the system for one or two months, is all that is required: alterative courses may suspend, but they will seldom expel the poison. He cautions his readers against exhibiting one additional grain beyond what is necessary for producing this effect; and also, very properly advises taking the warmth and mercurial atmosphere of an hospital into consideration, as calculated to determine modifications in the result different, at least in regard to time, from what shall be obtained in private practice. With some excellent observations on the bad consequences of mercury, real or conjectural, and three valuable cases, Mr. C. brings us to a recapitulation of the drug's usual and characteristic effects on the frame, and likewise those effects which now and then proceed from its use, and which seem to originate in peculiarity of constitution.

"1st. Mercury," says he, p. 334, "induces a specific fever, different from all others, and attended with an increase of the various secretions. 2d. When the constitution has been incessantly harrassed by mercury, it (the mercury) induces dropsy, various nervous affections, epilepsy, mania, and fatuity. 3d. It produces peculiar local effects. A crude wound, or suppurating sore, under its influence, will immediately become a spreading phagedenic ulcer, having a fiery red appearance. The ulcers of morbid poisons, after the peculiar action of their respective poisons has ceased to act, may become, in the same manner, mercurial ulcers; but, if the poison retains its influence in any portion of the ulcer, as soon as the mercurial phagedena has subsided, it may infect the

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remainder of the ulcer, which will consequently re-assume its original character. 4th. It occasionally produces pains resembling rheumatism, and swellings of the joints, particularly when the patient exposes himself to cold. 5th. It is asserted to be capable of producing nodes, which resemble the syphilitic; but this I doubt, because there is no authenticated instance of nodes of the bones occurring under courses of mercury, for any diseases except venereal. 6th. It produces two affections of the constitution; the mercurial eruption and mercurial erethismus, which unlike its usual and characteristic effects, are evidently owing to some peculiarity of constitution. In the same manner, most medicines, and many of our common aliments, produce phenomena in some constitutions attended with great disorder of the system, totally different from their accustomed and well-known effects. 7th. Mercury, and more particularly a mercurial atmosphere, are in the highest degree prejudicial and dangerous to patients labouring under any pulmonary affection, by producing a rapid state of excitement, and consequent effusion in the lungs and chest."

Mr. C. concludes this branch of his subject, with a few remarks and illustrations of the question, whether every form of venereal disease, including syphilis itself, which he calls the *scaly* form, can be successfully treated without mercury. His experience, he says, has afforded sufficient proofs, though few, that *all* the varieties of the venereal and syphilitic maladies *can* be cured without the aid of that powerful medicine: but it does not, by any means follow, he adds, that, therefore, the non-mercurial is the most judicious mode of treatment; for, in cases thus treated, the recovery is remarkably slow, both from the primary and constitutional affections. On the contrary, however, the cure is certain and rapid, where mercury is exhibited, according to our author's rules, for the true syphilitic symptoms.

CHAP. VII.—This relates to *diseases most likely to be confounded with those of venereal origin*, and at the same time comprehends some good practical observations on the phlegmonous and erysipelatous inflammations of the penis; on herpes præputialis; ulcers on, or in the vicinity of, the genitals; and certain cutaneous affections. We cannot resist the inclination to transcribe Mr. C's. sentiments regarding a disease, which is as prevalent as its distinctive symptoms are indefinable.

"On another occasion," *(in his Essay on Scrofula)* says he, p. 351, "I have adduced incontrovertible facts which demonstrate, that disorder of the chylopoietic viscera precedes and accompanies the symptoms of scrofula, and that there are the strongest grounds for believing, that such disorder is, in a very great majority of cases, the immediate cause

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of the disease. A defective digestion, continued for any length of time, must as certainly produce chyle, or blood of a vitiated quality, and unfit to replenish the waste of the body, as the constant use of unwholesome food, which is undergoing the putrefaction and acetous fermentation. A disordered state of the system at first ensues, and is followed by various local complaints. Among these, are swellings of the lymphatic glands, which frequently ulcerate, different kinds of cutaneous affections, particularly the tubercular eruption, which likewise ulcerates. Ulcers are often seen in the throat, which it is not easy to distinguish from those of venereal origin; and, lastly, ulceration of the pituitary membrane is very frequent, attended with caries of the bones of the nose and palate, and often with fistula lachrymalis. Even the deep-seated parts do not escape; for the patient complains of pains in the joints, which are often mistaken for those of chronic rheumatism; and affections of the bones or their coverings, producing a kind of node, are not unfrequent. In fact, this train of symptoms occur every day under our eyes in children, whose youth fortunately protects them from the suspicion that lights on their elders; for it is by no means unusual to find, in scrofulous children, ulcers which arise from tubercles, and also ulcers of the tonsils, nodes on the shins, and pains in the joints, which, if they occurred at a more advanced period of life, would inevitably subject them, in the hands of a great majority of practitioners, to a severe course of mercury."

Having finished his concluding remarks, our author makes this statement,—that, after several years of observation and scrutiny, during which these diseases were constantly and carefully watched and followed, he has not met with any circumstance to induce him to doubt the principles he endeavours to enforce in his writings; and observes, in fine, that a classification of venereal complaints, grounded on the character of the eruption, is not only the most natural and most in accordance to the pathological arrangement of other eruptive diseases attended with fever, but it is also, in a practical point of view, the most useful that can be devised; for the general tendency of the disease, with respect to mildness, severity, or duration, may be anticipated by the character of the eruption.

Mr. C. finishes this remarkable book, with a synoptical recapitulation of the practical doctrines, which it is the chief object of the volume to unfold: the advantages of such a scheme are manifest, and we feel desirous of putting our readers in possession of them; but this, our limits altogether forbid. Here, then, we bring this long, though we trust not unuseful, article to a conclusion.—Our respect for those who promote the diffusion of medical knowledge, through the instrumentality of the press; our regard for the indefatigable author of the Essay we have been considering; and our own zeal for the best interests of the most beneficent of all the sciences, have prompted

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us to go into an elaborate explication of Mr. Carmichael's peculiar views and practices; and, in executing this important task, we have proved ourselves the instruments, we hope, of communicating much instructive experience, and of offering, at the same time, an invitation to practitioners, in almost every region of the civilized world, to subject these inductions and doctrines to diversified probation, so as to modify or confirm their accuracy; and, by consequence, to determine the degree of their usefulness. On the present occasion, in fine, we have made ourselves the historians rather than the judges of Mr. C's philosophy; but we have, nevertheless, examined it with candour and impartiality: while, therefore, we freely avow sentiments of grateful courtesy towards its author, who, except by his writings, is perfectly unknown to us, we would very earnestly beseech every member of the profession, to regard him and his extraordinary Essay with the same spirit; to entertain a kindliness of feeling towards the labours of such a man, which, though they may be utterly repugnant to pre-established opinions, cannot possibly have other than charity and disinterestedness for their object; and, indeed, to encourage him, and all of us, to persevere in the course he has entered, as a generous champion of truth and philanthropy.

VIII.

Instructions to Mothers and Nurses, on the Management of Children in Health and Disease; comprehending Directions for regulating their Diet, Dress, Exercise, and Medicine; with a Variety of Prescriptions adapted to the Use of the Nursery, and an Index of Medical Terms. By James Kennedy, M. D. Small octavo, pp. 329. Glasgow and London, 1825.

When it is recollected, that one half of those who enter into the busied scene of human existence, depart from it before the completion of their eighth year, and that, of a thousand infants born in London, six hundred and fifty die previous to the age of ten, it will be admitted that the subject which Dr. Kennedy has chosen possesses considerable interest, and requires a happy combination of talent observation, and judgment. Such a work was much wanted. The management of children, from

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birth to puberty, is a most important consideration, and especially so on these particular subjects, where prejudice and ignorance, anxiety, and affection, are in full operation. Correct opinions, relative to diet, dress, suckling, dentition, air, exercise, nursing, medicine, and other matters equally momentous, can only be gained by long experience; and, until such experience be obtained, a youthful practitioner must either remain comparatively ignorant of what he ought to know, or have recourse to books to enlighten his mind, which may be not unaptly termed a *royal road* to sound practical knowledge. Such a *royal road*, Dr. Kennedy has opened, by the publication of his valuable instructions, which are replete with varied and extensive information, scientific and judicious views, and acute and even philosophical observations. The title-page does the author injustice; it seems to imply, he has only written, in a popular manner, to suit the meridian of mothers and nurses; but it is directly the reverse, as we shall attempt to prove: he treats every subject with precision, science, and judgment, and he that can read his pages, and deny that he is an able physician and instructive author, must be either destitute of candour, or defective in understanding.

Before we proceed farther, it is but just to allow Dr. Kennedy to explain what objects he had in view, when he took up his pen.

"The doctrines inculcated in this volume have been deduced from attentive observation of the effects of management and of medicine on the manifold circumstances of children in health and disease:—they are the results of extensive reading, of considerable practical experience, and of much reflection; and, though communicated in a didactic style, are submitted with deference to the judgment of parents, and with the sincerest solicitude that their applications may be found beneficial.

"Agreeably to its natural arrangement, the work is divided into two parts:—the first, after an introductory description of the three first epochs of life, includes a concise illustration of the modes whereby the chief diversities of food, dress, air, and exercise, can be so managed by parents, as to promote the comfort, strengthen the constitution, and remove or mitigate the various ailments of children: in the second, are enumerated the methods of treating their disease to a definite extent, beyond which any interference of the unskilful might prove injurious or fatal: more than this would tend only to perplex, or lead into dangerous security, those to whom the guardianship of young persons may be intrusted." *Preface*, vii.

We cannot pretend to analyse a work of this nature, but must content ourselves with the selection of such parts, as will convey useful information. Full justice is done to the fœtal state, from

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its primitive germ to complete evolution, and premising, once for all, that the physiology of every subject is extensively entered into, with the introduction of much useful collateral matter, it is our object to pass these over, and only to bring forward what is applicable to real practical utility. From the second, or medical portion, no extracts will be needed; for, although cautious and judicious, it is intended for mothers and nurses, and necessarily ceases at that period of diseases, when the services of professional men are wanted. It may be urged, that mothers and nurses should never presume to tamper with the incipient ailments or complaints of children; to a certain extent, this is true,—but, since they will do so, surely it is desirable to furnish them with safe and beneficial instructions: and this is evidently the design of the author, who fails not to enjoin an early recourse to practitioners, in all cases apparently serious. Human life is too valuable to be trifled with; the inflammatory diseases of children advance with fearful rapidity; the loss of a day or two is pregnant with danger; and if this work teach females instantly to comprehend their nature, and to employ active means, it cannot but render an essential service to nurseries and parlors. The treatment of the acute affections of these engaging beings, demands attentive consideration and nice discrimination, and every natural and incidental circumstance, peculiar to them, is to be duly estimated. A medical man, while commenting on the illness of a child, may lay considerable stress on its rapid respiration and accelerated pulse, and to this there is no objection, provided he remember that, in the first year of life, the child breathes 35 times in a minute; in the second year, 25 times; at puberty, only 20 times; and that, in a new-born infant, placidly sleeping, the pulse is 140 in a minute, in the first year; 124, in the second; 110 and 96 in the third and fourth years; but, if these influential facts be unknown or forgotten, actual health may be mistaken for serious indisposition. This is merely stated for the sake of general illustration.

The following valuable case, cited by Dr. Kennedy, deserves all the publicity which our Journal can afford; we attach much importance to it, as indicative of the influence of local and foreign irritation, and as demonstrative of the occasional dangers resulting from the transplanting of teeth. This case was published many years ago, by Dr. Watson, in the Medical Transactions, but that work is now comparatively scarce; and we are persuaded, that the re-publication of the case, at this period, will impart advantage to many, who either never heard of it, or know not where it is to be found. The recordation of facts, is the imperious duty of every man: they correct the

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pride of opinion, and are the only sure land-marks against error.

"An unmarried lady, twenty-one years of age, had one of the incisive teeth in her upper jaw affected with the carious decay, arising from an unknown cause: it was extracted, and its place very dexterously supplied by a like tooth from another young woman, who, upon a most rigid examination for the purpose, appeared to be in excellent health. The implanted tooth very rapidly took a firm hold, and soon bid fair to be of great service and ornament. In about a month, however, the mouth became painful, the gums inflamed, discoloured, and ulcerated. The ulceration spread very fast, the gums of the upper jaw were destroyed, and the sockets left bare. Before the end of another month, the ulceration stretched outwardly over the upper lip and nose, and inwardly to the cheeks and throat, which were corroded by large, deep, and fetid sores. The gums soon became carious, several of the teeth successively dropped out, and these at length were followed by the implanted tooth, which had hitherto remained firm in its place. About this time also, blotches appeared in the face, neck, and various parts of the body, many of which became painful and extensive ulcers:—a considerable degree of fever, apparently hectic, was excited:—a copious and fetid discharge flowed from the mouth and throat, and impeded sleep:—and the soreness of the parts which perform deglutition, prevented a sufficiency of nourishment from being swallowed.—Medicines, exhibited in every possible form that science matured by experience could suggest, failed altogether of removing or even mitigating the unhappy sufferer's distresses:—the virulent taint or putrescent tendency established in the system, though occasionally driven back, as often rallied, and ultimately prevailed:—the patient fell a victim to it, in the greatest anguish and misery.—The person from whom the tooth had been taken, had all along continued to enjoy the most perfect health; she was frequently and scrutinously examined, without a single trace of disease being discovered either in her person or constitution." 61—62.

It is the duty of every mother to suckle her infant, whenever she is able; and if we knew a mother who was averse from such a delightful office, we would address her in the irresistible and energetic language of an ancient Greek philosopher:—"Woman! did you support this child with your blood, before you saw it, or knew it would live; and do you now refuse, when warm with life, and blooming with beauty, it smiles upon you, looks you in the face, expands its little hands, and seems to beg you will not forsake it?"

"Infants should be put to the breast in four or five hours after their birth:—in the interval, they may get some sweetened water or other very mild thin fluid, for the purpose of removing whatever viscid matter may be adhering to the internal surfaces of the gullet. If twenty-four or more hours shall elapse before the babe is permitted to suck the

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mother, her breasts become distended with her milk, the act of sucking occasions her acute pain, and the exertions of the infant to imbibe its new beverage often prove the cause of painful chaps in the nipple. Simple as this circumstance of being early sucked, may appear to be, it contributes essentially to making the milk-fever milder, and sometimes altogether prevents its occurrence. Such delay, too, excludes the young one from obtaining the full advantages which nature has bountifully provided for it, in the use of this first milk. Even the parent's own health and the activity of her lactiferous functions depend, in no small measure, on her breasts being excited by an early act of sucking. This has the beneficial effect, also, of conducing not remotely to the milk's increase and the improvement of its quality,—both which indeed, especially its quantity, are generally commensurate with the degree of vitality possessed by its secreting organs:—besides, during the time it remains in the breasts, it undergoes an elaboration by which its nutritive virtues are augmented and matured."

"Preparatively to putting her young one to suck for the first time,—which may be in three or four hours after its birth,—the mother should have her breasts carefully fomented,—primarily with tepid water and soap of the blandest kind,—and then with a lotion composed of milk and water in equal proportions, slightly sweetened, and warmer by a few degrees than the temperature of her own person. Such means, notwithstanding their simplicity, contribute much to accelerate the secretion of milk, make its progress less distressing, and, by removing the bitter exudation naturally deposited on the nipple, facilitate the suckling's first exertions at obtaining the vital fluid destined for the nourishment of its helpless days. While this is being done, she should retain a lying posture in the bed, and be exposed to the least possible annoyance, or fatigue, or danger of cold. Without changing her attitude, the babe may now be admitted to her breast, and will, in general, begin attempting to suck. If, however, it be listless and reject the nipple, it ought to be withdrawn, so as not to disquiet or exhaust the parent with its refusals or unavailing efforts: but, in a short time, a new trial of its inclinations may be made. When mothers cannot give the breast, except in a sitting posture, they should be raised with the gentlest caution, have themselves comfortably supported with pillows, and secured by proper coverings from sustaining injury by the influences of external air.

"Infants, at the beginning, are able to obtain but little milk:—this little, however, is of the highest use for promoting objects in them, which have already been explained. In each successive endeavour, from its exciting the nerves and vessels of the breast, the supply becomes more copious, and they imbibe it in greater abundance and with the greatest ease:—in the end, it constitutes a most delicious fare on which they feast with advantage and delight." 82—86.

The apparel of a child should be without complication:—it ought to be light, soft, loose, warm, and most simple, and never extend more than two or three inches beyond the feet. The

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use of pins should be superseded by fine tapes, which are always safe, and equally convenient. Dr. Underwood, distinguished for his professional experience, has sufficiently reprobated the employment of pins, by the following melancholy narration. "A gentlewoman, many years ago informed me," he says, "that one of her children, after long and incessant crying, fell into strong convulsions, which her physician was at a loss to account for; nor was the cause discovered till after death, when, on the cap being taken off, which had not been changed on account of the child's illness, a small pin was discovered, sticking up to the head, in the large fontanelle."

The use of cradles for children appears to have been common in the earliest ages, and was probably derived from the practice of barbarians, who placed their offspring in hurdles, which were attached to the branches of trees. Plautus, who wrote two thousand years ago, particularly mentions cradles in the last act and first scene of his *Amphitryon*; yet, Roman authors in general, have not written much respecting cradles, although minute in their descriptions of various couches, such as the *sella*, *lectica*, or *cathedra*. Dr. Kennedy inveighs bitterly against the custom of violently rocking children in cradles, and he shall be allowed to plead a cause, in which he seems so laudably interested.

"The agitations which infants sustain by the rocking of their cradles are regarded by many matrons and other equally sage observers as having very beneficial effects on their health and comfort. All agitations of this kind, however, must be gentle indeed if they pass not the point at which they are simply harmless. It is no argument in favour of rocking it in a cradle, that a crying child becomes silent immediately on this charming operation being resumed or continued:—the fact only proves that infants are quite susceptible of being trained to bad habits; and, like some of their mothers, can express with a smile their satisfaction when the desires arising out of such habits are gratified. If then, the mildest possible motion in a cradle be at best but harmless, it is not so with those violent agitations which multitudes of idle and unthinking nurses employ habitually with the design of lulling into quietness and silence, children crying aloud perhaps by reason of internal illness or of the torture inflicted by the inadvertent, though not the less cruel, misposition of a pin. Than such a practice, scarcely any thing can be more pernicious: it is a practice utterly inconsistant with humanity and, of course, in the highest degree reprehensible. The stillness that follows it, is seldom a manifestation of true and refreshing sleep:—it is oftener a kind of lethargic oppression induced by an irregular distribution of the blood in the brain. Violent rocking is particularly mischievous during the progress of teething:—its readiest effect then is, to produce convulsive affections which lead to fits of excessive drowsiness, to indigestion

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and emaciation; and, too often, in spite of the best treatment, terminate in death. Frequent repetition of it, moreover, seldom fails of determining blood in undue proportion to the brain, together with every sort of internal disorder; and, in an especial manner, of originating accumulations of water in the head, with all their most excruciating and deadly accompaniments. Were it, therefore, for no other reason than the prevention of these inconsiderate and fatal doings, the use of cradles should be altogether abolished. As an inducement to their admitting this necessity, it might be well if all mothers, who are partial to the practice of briskly rocking their children for the sake of silencing them, would but for one half-hour only submit to become themselves the objects of such delightful discipline;—and if, after this, they continue to be enamoured of the exercise, it will of course be natural for them to desire imparting the benefits of it to the darlings of their affection." 150.

It is very true that adults, when rocked in a cradle, successively experience sickness, ringing in the ears, giddiness, headache, and vomiting. Instances are known, wherein this act, the consequene of idle levity, induced a state of lethargy, which terminated in brain fever, and long resisted appropriate and vigorous treatment. Now, if mothers recollect, urges our intelligent author, that the brain, in grown individuals, is much firmer, and less susceptible of mechanical impression, than in infants and children, they will be convinced, that what produces such injuries on a mature organ, must inflict incalculable mischief on one which is tender and incomplete. He affirms, and without any qualification, that multitudes of children, especially in the inferior classes of society, perish, at a premature age, by diseases, having their first origin in the rough rockings employed by nurses, with the view of promoting an unnatural inclination to sleep. If this be really the case, and it is impossible to question such respectable authority, the practice should for ever be abolished, and cradles either altogether proscribed in families, or only used simply as small and convenient beds. We have no experience on this subject, and decline the expression of any opinion; but it is our duty to invite public attention to it, which it is hoped, will decide in the cause of truth and humanity. Our author may be prejudiced against the rocking of cradles, just as Mr. Else, of St. Thomas's Hospital, denied the uterus to be muscular,* yet asserted it to be so, when a small (and by him unsuspected) piece of it was designedly presented for his in-

* The best anatomists admit the muscularity of the uterus. Malpighi, Morgagni, Mery, Littre, Astruc, Ruysch, Monro, Vieusseus, Haller, and Haighton entertained a similar opinion. Mr. Charles Bell has also written an excellent paper on this subject, in the 4th volume of the Medico-Chirurgical Transactions.—*Rev.*

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spection; but judging of him, from his correct and philosophical mode of thinking and writing, we cannot think he is, and, therefore, attach great weight to his sentiments.

Dr. Kennedy enters largely and elaborately into the qualities of the different milk of animals, the effects of air and exercise of every kind, comprehending walking, running, dancing, and certain playful games: also clothing, the textures and preparations of it, in a word, a multiplicity of interesting subjects, and for the whole of which the reader is unavoidably referred to the work. We had intended to offer a specimen or two, illustrative of the author's scientific manner, but we refrain, from a conviction that it is superfluous, inasmuch as, from the very low price of the book, and its small type and closely-filled pages, which contain a vast quantity of matter, it will be much sought after, and extensively read. It may be asked, and even justly asked, presuming that we have done this writer only common justice, where was the necessity for such a superior and scientific work, when it is avowedly addressed to mothers and nurses? Dr. Kennedy can best answer this question; we have already said, the title-page does him injustice; our opinion is, that he absolutely wrote the major part for the guidance and instruction of youthful practitioners, but that the natural modesty of the man, led him to mask his design, lest he should disappoint expectation, since it is undeniable, that many, very many, parts of his work are far above the comprehension of women. There are, however, other parts, expressly written for them, which they may read and study with pleasure and advantage; and, by observing the rules inculcated, mothers may hope to see their children improve in health and vigour, and, if females, in personal beauty, which is so anxiously wished for, and ardently admired by all ranks of society.

> "The teeming mother, anxious for her race,
> Begs for each birth the fortune of a face;
> Yet Vane could tell what ills from beauty spring:
> And Sedley cursed the form that pleased a king."
>
> *Johnson's Satire on the Vanity of Human Wishes.*

We hope we have written enough to obtain for Dr. Kennedy's production an attentive and dispassionate perusal; we are persuaded it needs nothing more to insure a favourable reception from his professional brethren, who, as a body, are ever candid and liberal to well meant endeavours, and successful exertions. To mothers and nurses, we venture to offer no advice; they cannot but patronize, and even admire, a book which gallantly inscribes them on its title-page;—to the junior branches of the

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profession, especially those living in the country, and engaged in the practice of midwifery, we, presuming on our years, strongly recommend it as a most valuable guide, not, indeed, in the higher walks of practice, but in the scarcely less important matters, which appertain to puerperal women, and their offspring. It only remains that we should take leave of Dr. Kennedy, which we do, with kindness and respect:—to us, he is a perfect stranger;* bias we can have none; truth is our only object—and, under its influence, we pronounce him to be a correct writer, an acute physiologist, and an excellent practitioner.

IX.

Clinique Médicale, ou Choix d'Observations recueillies à la Clinique de M. Lerminier, Médecin de l'Hôpital de la Charité, &c. et Publiées sous ses Yeux. Par G. ANDRAL, Fils, Agrégé à la Faculté de Médecine de Paris, &c. &c. Deuxième Partie—Maladies de Poitrine. Paris, 1824. 8vo. pp. 591.

"Nulla est alia pro certo noscendi via, nisi quàm plurimas et morborum et dissectionum historias, tum aliorum, tum proprias, collectas habere, et inter se comparare."—MORGAGNI, *de sedibus et caus. morb.* Lib. iv. proem.

WHEN the discovery of the stethoscope was first vaguely promulgated, as the means of the physician to decide upon the healthy or morbid state of the thoracic viscera, by gravely listening, at the end of a piece of wood, there appeared to be something so very ludicrous, and, indeed, improbable in the idea that, in common with most of our brethren on this side the Channel, we were somewhat incredulous, and not a little sceptical respecting it.

A patient perusal of Laennec's work occasioned a speedy change in our first impressions. From it, we learnt that the first hint was derived from a well-known law in physics—of solid bodies communicating sound; and that the application of this property to the detecting of disease was owing to Laennec's being consulted in a case of diseased heart, in which, circumstances prevented him applying his ear to the patient's side, according to his usual practice.

* The reviewer lives in a remote provincial city. To the principal Conductors of this Journal, Dr. K. is well known, as indeed to the Profession generally, by his writings.

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Calling to mind the fact above alluded to, he rolled a quire of paper into a firm cylinder, and applying one end of it upon the præcordial region of the patient, and his own ear to the other, he heard the heart's action very distinctly. From the circumstance of space remaining in the centre of his paper cylinder, he accidentally learnt that the inflation of the air cells, by the act of inspiration, might also be heard through the thickness of the thoracic parietes.

Having established the facts—that the actions of the heart and lungs might be studied by auscultic instruments, he inferred that the examination of their phenomena would furnish much useful assistance in the diagnosis of their diseases; and accordingly he commenced his investigations, under favourable circumstances afforded by a Parisian hospital.

In the course of his investigations, he discovered the peculiar phenomena of the *voice* termed *pectoriloquism* and egophony: the former of which he considered to be almost pathognomonic of tuberculous excavations, and the latter, of pleuritic effusion. The natural varieties of *respiration* in infancy, manhood, and other cases:—the various shades of peculiarity, and the changes occasioned by disease, were investigated, as the French express it, with *rare sagacity:* and so many valuable diagnostic facts were collected, that there is scarcely a disease of the lungs or pleura, but what may be more or less elucidated by the exploration of the respiration. The details of the various *rattles* heard in the bronchia, have taught us much that is useful: and, lastly, from the facility with which he was enabled, by the stethoscope, to study the *rythme—impulsion—extent*—and different *sounds* in the *heart's action* he has furnished us with a set of signs by which we may determine upon some—detect many—and suspect almost all the various lesions the heart is heir to.

The original work appeared at Paris, in 1819, in two vols. 8vo. Of this, we gave an extended analysis in our number for January, 1820. Dr. Forbes's translation, published in 1822, was followed by a full notice, in our succeeding number.* Since that time, we have again recurred to the subject of thoracic diseases, percussion, and auscultation, in our review of Dr. Forbes's recent publication of excellent original cases, &c.† and we now return to some parts of the same subjects, for the fourth time, in the analysis of the work placed at the head of this article.

After the full exposition already given in the pages of this Journal, in the articles just referred to, it would be an useless

* Med. Chir. Rev. † Med. Chir. Rev. Jan. 1824, pp. 61—98.

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repetition, if the present work contained nothing but what has already been explained. Fortunately, however, this is not the case. With respect to auscultation, we find much that is original, and much that establishes what was before doubtful, or corrects what was erroneous. Many obscure points of pathology are elucidated, and some valuable additions are made to our previous stores; and it is altogether such a rich fund of information upon thoracic diseases, that the place assigned to it in the library must be *next* to the work of Laennec, not as the *equal*, but as the *supplement*.

In the volume now under consideration, which commences with the diseases of the thoracic organs, the subjects treated of, are, (1) the different affections of the mucous coat of the bronchiæ —(2) inflammation of the pulmonary structure; and (3) of the pleura—all of them frequent in their occurrence, for the most part dangerous in their nature, and, more generally, within the reach of medical aid, than any other class of maladies of equally serious importance.

Our authors observe, that they are far from partaking in the opinion, that our knowledge has attained perfection upon the subjects embraced in this volume. On the contrary, they are firmly persuaded, that many of the most important points in the history of these diseases are still but imperfectly understood, notwithstanding the excellent works of the *French* writers, their cotemporaries, more especially those of Corvisart, Bayle, Broussais,* and Laennec. We extract their testimony respecting the utility of the stethoscope.

"Thanks to the wonderful discovery of auscultation by Laennec; the diagnosis of most of the thoracic affections may be frequently established with as much certainty as the most complicated luxation, or the simplest fracture. There are some cases of pneumonia, in which we may trace, by auscultation, the different 'phases' of the morbid alteration of the lung, and its return to the state of health, with as much precision as the eye can discern the different stages of cicatrization in a wound. There are affections of the heart, in which the nature of the organic lesion may be ascertained as accurately by the ear, as the disposition of a cutaneous tumour by the eye, or the state of the cervix uteri by the touch. Nevertheless, clinical practice still presents many cases, in which the diagnosis yet remains obscure, and others, in which the nature of the affection is still at issue; it is to these that we shall more particularly direct our attention." *Preface*, vi—vii.

Bronchitis. The first chapter treats of bronchitis, an affection which, in one case, may be so slight as scarcely to deserve

* Histoire de Phlegmasies Chroniques, 1808.

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the appellation of a disease, and, in another, so severe as to equal pneumonia, or phthisis, in importance. M. Andral states that, in a mild, recent inflammation, a small portion of the mucous membrane, in some of the primary divisions of the bronchia, is found of a red colour. When the inflammation has been more intense, the redness occurs, in a greater number of tubes, and also extends into the smallest ramifications. It frequently happens, that this red appearance is exactly limited to the bronchial ramifications of a single lobe of the lungs, most commonly, those of the superior lobe.

"When the inflammation has been *chronic*, the mucous membrane is found of a livid, violet, or brownish colour; and it is very remarkable, that, in some individuals, presenting all the symptoms of an inveterate chronic bronchitis, with purulent expectoration, we have found the mucous membrane of the air passages *scarcely reddened, or even perfectly white*, throughout its whole extent. Bayle has remarked the same fact, in the 49th observation of his work (on consumption). He relates, that the mucous coat of the trachea and bronchia appeared healthy, white, and not sensibly thickened, in a case of chronic bronchitis, simulating phthisis. 'This white state of the mucous coat,' he continues, 'is not unfrequent in chronic pulmonary catarrh.'" 3.

To controvert the opinion that, because there is no redness observable in these cases, there has been no inflammation, our author remarks, that absence of redness occurs, also, in other organs, where no doubt can be entertained of the existence of phlegmasia. In the serous membranes, coated by an exudation of lymph, it frequently happens that no change of colour, nor appreciable alteration of texture, can be discovered. The mucous coat of the intestines, even when sprinkled with numerous ulcerations, is often remarkably pallid, both as to the ulcerated parts, and as to the interstices between them; and, more than once he has found the mucous coat of the bladder, ureters, pelvis, and infundibula of the kidneys *quite white*, in individuals whose urine had long been purulent.

The following case affords an exquisite example of this state of the mucous membrane, and an excellent practical lesson upon the importance of distinguishing inveterate chronic bronchitis from consumption.

"A locksmith, aged 27, was admitted into La Charité, in December, 1821. For two years, he had been troubled with an habitual cough; he had never expectorated blood. At his admission, he was reduced to a state of marasmus; the expectoration consisted of separate, rounded, greenish patches of sputa floating in abundance of serosity: it was inodorous and sweetish to his taste. Respiration was rather short: he could lie flat down in bed, and *in every position*. Percussion gave a

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sound equally good all over the thorax: auscultation indicated mucous rattle in different places: there was *no pectoriloquism*. The pulse was not frequent in the forenoon, but became quickened towards evening—there were slight night sweats. Digestive organs undisturbed.

"What diagnosis could here be given? The stethoscope proved, indeed, (by the absence of pectoriloquism, *Rev.*) that no tuberculous excavations were formed in the lungs; but the other symptoms seemed to indicate the existence of numerous tubercles, in a state of incipient suppuration—(Decoction of lichen—'tisane de violette gommée-looch'—milk diet),

"The emaciation and general debility increased rapidly after his admission. Diarrhœa supervened—the intellectual faculties were disturbed—and he died in a semi-comatose state. Until the evening preceding his death, the sputa preserved the same appearance, and were undiminished in quantity.

"*Autopsy. Brain*—Sero-purulent infiltration of the cellular membrane placed beneath the tunica arachnoides of the convexity of the hemispheres: lateral ventricles distended by turbid serum. *Thorax*—Pulmonary tissue healthy, and moderately engorged. Internal surface of the larynx, trachea, and of the bronchia, (traced to their smallest ramifications) quite pale coloured throughout, and presenting no evident alteration. Right cavities of the heart distended with white fibrinous concretions. *Abdomen*—The digestive canal presented no other lesion than that of bright red-coloured patches, in the large intestines. Other viscera healthy." 4—6.

Cases like this we consider most valuable, as pointing out the danger of falling into a two-fold error; of mistaking the disease during life, and of being misled by the appearance of integrity in the respiratory organs after death. On the one hand, there was cough, attended with purulent expectoration—acceleration of pulse in the evening—night sweats and emaciation; indeed, the general symptoms of phthisis pulmonalis. On the other hand, dissection shewed the lungs free from tubercles, and the air-passages not apparently diseased.

The absence of pectoriloquism was sufficient to prove, during life, that no tuberculous excavations were formed in the lungs; and this opinion would, with us, have derived strong corroboration from the circumstance of the patient having no favourite position on lying down. For, since auscultation has enabled us to be more precise in our diagnosis of phthisis, we have almost invariably found that, after the suppuration of pulmonary tubercles, the patient can lie down comfortably, *only in one position;* and our investigations teach us directly the reverse of what is stated in Parr's Medical Dictionary, that the favourite position is upon the side in which the tubercles

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are suppurating, or upon the back, in a few cases, where both lungs are affected. The reason usually assigned by the patient for this choice of position is, that it quiets the cough, and that a change excites coughing and expectoration.

Whilst these circumstances would have led us to question the possibility of tubercles having suppurated, the mucous rattle heard in various parts of the chest, together with the negative evidence furnished by auscultation and percussion, of there being no other disease, would have directed us to the bronchia, as the seat of the affection, and source of the expectoration. Having established this point, we should not, with our author, have attributed the irritation of the air-passages to the presence of crude tubercles, because we have never known, and we scarcely believe it possible, for those parts to be kept in a state of irritation or inflammation by crude tubercles, for any considerable period, or even, for tubercles to exist long, where any part of the respiratory organs is inflamed, without their suppuration taking place.

We have, at the present time, a convalescent case of this kind under our care, to which we were called last February. A middle aged woman, who, for many years, has been troubled with cough and expectoration, was, at the time before-mentioned, reduced to a state of great emaciation and debility—the expectoration consisted of pale yellow purulent patches, floating in abundance of watery mucus—there were slight febrile exacerbations in the evenings, and night sweats—the position was on the right side, from habit; but she could lie upon the left. On percussion, the thorax sounded well every where, and more hollow than usual anteriorly. Respiration weak in places, and accompanied with sonorous and mucous rattles, —no pectoriloquism. Considering the air-passage as the seat of the disease, with possibly some degree of emphysema of the lungs, we treated the case, by the application of leeches to the trachea—blisters to the sternum—gave antimonials in minute doses, combined with a little digitalis, and attended carefully to the digestive organs. Under this treatment, she has improved much in all respects—has gained flesh and strength—and, we trust, will have her health finally re-established.

Softening of the Mucous Membrane of the bronchia is, according to M. Andral, much more rarely met with than in the intestinal canal.

Ulceration of the air-passages decreases in frequency as the part affected is situated lower down. In the larynx, chro-

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nic ulcerations are not uncommon; they are less frequent in the trachea, and of very rare occurrence in the bronchia. In the last named part, M. Andral has but twice seen ulcerations; once in the primitive division of the right lung, and once in the smallest ramifications. In the latter case, the ulcerations were very small, exactly circular, and of equal size—their margins were livid and elevated; the patient, who had also aneurism of the heart, had been tormented by frequent and very painful fits of coughing; the sputa were tinged with blood.

Ulcerations in the Trachea are generally small in size, and few in number: they rarely extend deeper than the mucous membrane; but a complete perforation of the trachea, from within outwards,* occasionally takes place. In one case of this kind,

"There was a double perforation of the trachea and œsophagus, so that the two passages communicated freely with one another. The only symptoms of this tracheo-œsophagian fistula were a moderately great difficulty of deglutition, and a little coughing excited every time he swallowed. The patient pointed out the lower part of the neck as the seat of the difficulty of deglutition and cause of the cough." 10.

Perforation of the trachea from *without inwards* may be occasioned not only by aneurismal tumours, but also by tuberculous lymphatic glands. The latter lesion, M. Andral says, is not rare in children, although he has never observed it in the adult. In this way, tubercles of the bronchial glands are sometimes evacuated, but the patient rarely recovers, as tubercles almost always exist at the same time in the lungs.

Thickening of the mucous membrane of the bronchia is said to be one of the most frequent lesions produced by chronic bronchitis. It modifies the noise occasioned by the entrance of the air into the air-tubes of the lungs, and causes a peculiar rattle, which our author designates the *dry bronchial rattle.* It is the dry sonorous rattle, or "ronflement" of Laennec, to whose work we must refer our readers for further information. (*See Laennec de l'Ausc, t.* ii. 3. *Forbes's translation, p.* 319).

The thickening of the mucous membrane is sometimes so considerable as to *obstruct,* or even *obliterate,* the cavity of some of the bronchial tubes. M. Andral relates two cases of this kind, which the limits of this analysis do not permit us to

* In the original "*de dehors en dedans,*" *evidently an error.*

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detail. According to the degree of the obstruction, the stethoscope indicates diminution of the respiration, accompanied with dry rattles, or entire absence of respiration; whilst the sound, on percussion, always remains good. This combination of the signs, furnished by percussion and auscultation, will always distinguish the case in question from chronic inflammation of the lungs; but the particular lesion will not be ascertained, as the indications are nearly similar in emphysema, in obstruction from the pressure of external tumours, &c.

The subject next in order, is dilatation of the bronchial tubes, a lesion with which we were first made acquainted by the work of Laennec. M. Andral confirms almost all that writer has advanced respecting this very singular disease; and, as we now find, that the lesion is not one of the *rarest*, but only one that is *rarely observed*;—and, as it is also important to the auscultator, from the great resemblance its stethoscopic indications bear to those of tuberculous excavations:—we trust that a full account of this portion of the work will prove useful, at least to such of our readers as practise auscultation.

Laennec observes, "this affection of the bronchia is always produced by chronic catarrh, or by some other disease attended by long, violent, and often repeated fits of coughing. The hooping-cough, for this reason, is the most frequent cause of all. When the dilatation is confined to one or two of the bronchiæ, it produces no other inconvenience than an habitual cough, not very frequent nor severe, and a moderate degree of mucous expectoration; but, when a great number of bronchiæ are dilated, through their whole ramifications, the result is a chronic catarrh which lasts for life, and which, indeed, may sometimes shorten its duration, through means of the exhaustion produced by the dyspnœa, the severe and long-continued fits of coughing, and more especially, by the abundance of the expectorated sputa, which are of a greyish-yellow colour and altogether puriform. Sometimes, however, patients, affected with all these symptoms, and the degree of infirmity, the necessary consequence of these, live to an advanced age." (Forbes's translation, 78.) He further observes, (page 226) "We may regard it as certain, that, in the case of partial or general dilation of the bronchia, pectoriloquism will be found to correspond to the extent of the organic affection. *I am also confident, that in such case, the character of the voice, and the sound of respiration, will be such as to indicate that the phenomenon does not arise from an ulcerous cavity.*" We will now inquire how far M. Andral's cases confirm this conjecture.

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Case 1.* A man, aged 62, who died of cancer of the stomach and chronic catarrh: a single tube in the middle lobe of the right lung was dilated to three times the size of the branch above it: auscultation indicated only the catarrhal affection.

Case 2. A house-porter, aged 66, with disease of the heart. *The voice resounded strongly*, resembling a *peculiar ringing* rather than pectoriloquism, in a space comprised between the clavicle and breast anteriorly, and in the supra-spinous fossa of the scapula posteriorly; and, in the same extent, he seemed to *puff* or *blow strongly* into the stethoscope at each inspiration. On dissection, the whole of the bronchiæ of the upper lobe of the lung were found dilated: wherever an incision was made, the open mouths of tubes almost as large as the principal branch were seen. The parietes of these dilated tubes were considerably thickened, and from space to space there were cartilaginous rings as distinct and as hard as at the division of the trachea.

Case 3. Chronic bronchitis, complicated with acute pleurisy of the *left* side. Over the infra-spinous fossa of the right scapula there was heard, at each inspiration, a kind of very strong *puffing* or *blowing* noise, (un sorte de souffle trés intense) and on speaking, there was a *peculiar resonance* of the voice. The man recovered from the inflammation, and is still alive; the phenomena remain the same as when first discovered, and he is troubled with chronic catarrh.

Case 4. A peruke-maker, aged 46, with ulceration of the stomach. The respiration was weak, and the voice resounded strongly throughout the whole of the left side of the chest; there was pectoriloquism about the breast anteriorly, and just above the inferior angle of the scapula posteriorly. The expectoration in this case contained purulent patches, from which circumstance, together with the pectoriloquism, M. Lerminier considered the patient affected with phthisis pulmonalis. On dissection, the superior lobe of the left lung presented a cavity, the size of a walnut, the parietes of which were continuous with those of a small bronchial tube, and were evidently formed by the same tissue. In many points of this dilated portion, there were small openings leading into other bronchial tubes. In

* We here insert a very brief abstract of these cases, in order not to break the chain of analysis, referring the reader for a very full detail of them to the 2d No. of this series, (September, 1824,) page 451, *et seq.*—*Editors.*

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tracing the bronchial ramifications throughout both the lobes of this lung, a considerable number of them were seen to enlarge suddenly to three or four times their former size, then contract again, and afterwards enlarge a second time.

Case 5. A few ramifications only were enlarged from space to space; their parietes being very thin and falling together, when cut into or slightly pressed. Although the patient had been frequently examined by the stethoscope and percussion, no suspicion of the lesion had been entertained during life.

From the above cases, and those related by Laennec, M. Andral has established three principal varieties of dilatation of the bronchia.

In the *first* variety, one or more tubes are more or less increased in capacity, throughout their whole extent; so that the tubes which arise from the 4th, 5th, or 6th division of the principal bronchus, are equal to, or of greater diameter than, the latter. M. Andral does not consider this form of dilatation to result from the simple passive distention of the bronchia, as the parietes are often found to be *thicker* than natural; the mucous membrane has more consistence and is denser; the fibrous structure is hard and resisting, whilst the cartilaginous matter is much more evident than usual. It is, he observes, a sort of hypertrophy affecting the structure of the bronchial tubes.

When *small* in degree or extent, this variety can scarcely be recognized during life. When *considerable*, it is announced by sufficiently characteristic symptoms. The *voice* resounds strongly under the instrument, as if there was a tuberculous excavation: there is frequently a mucous rattle or gurgle, analogous to that occasioned by partly evacuated tubercles: and, there is a puffing of the breath, or blowing into the cylinder, resembling that, which is frequently heard in tuberculous cavities.

In the *second* variety, the dilatation of the bronchia is not uniform; but one of the tubes is enlarged in some part of its course, more or less considerably, so as to produce a true accidental cavity, and compress the surrounding pulmonary structure. This variety is liable to be mistaken for a tuberculous cavity, but may readily be recognized by tracing the bronchial tubes.

The *diagnosis* will be more or less easy, according to the situation (whether superficial or deep-seated) and size of the dilated portion. When not deep-seated, there will be true pectoriloquism, and the characteristic puffing of the breath, during inspiration.

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In the *third* variety, a tube is dilated at intervals, and presents in its course a series of dilatations and contractions. On incising the substance of the lung, it seems interspersed with a great number of white roundish swellings, remarkable for their colour, which depends upon the puriform fluid they contain. On opening these tumours with the point of a scalpel, we readily perceive, that they are cavities continuous with small bronchial ramifications, which (ramifications) are swollen from space to space, to form them. In this variety the parietes of the tubes appear thinner than natural, and M. Andral conceives, that the dilatations are the result of mechanical distention by the mucus, arising either from diminished elasticity, or from a true extenuation of the parietes. He says it is less rare in children than in adults; and he has frequently seen it at the Hospital des Enfans Malades. No *diagnosis* of this variety can be established, as it merely occasions rattle.

We have been thus full in our account of this lesion of the lungs, in order to guard the mere auscultator, lest he confound the two first varieties, with tuberculous excavations, an error to which he is always liable, from the similarity of the indications in the two diseases. Much experience in the use of the stethoscope and percussion, combined with accurate and minute investigation into the history and general symptoms, will, we believe, *frequently* enable the physician to distinguish the two cases; but the combination of these conditions is, we fear, at present too rare to authorise the expectation of such being a common occurrence. We, however, state with some confidence, our belief, that it is not impossible,—and whatever is possible ought always to be attempted.

Of the *treatment* of this affection, M. Andral says little; and but little that is useful, as far as we know, can be said. That the first and second varieties are incurable, there can be little doubt; the third, when the cause of the accumulation of mucus and of the cough is removed, may, perhaps, be within the reach of medicine, or, at least, of the vis medicatrix naturæ. In all the varieties, catarrh is a necessary accompaniment: to remove or alleviate this is, of course, a curative indication; and to effect this, we should treat it exactly as we treat chronic bronchitis, by keeping up a moderate action on the skin and a moderate action on the bowels. Mild purgatives, or rather aperients, and mild expectorants, with a little digitalis, if the pulse will bear it, an occasional blister to the sternum or a calefacient plaster, and even a few leeches to the trachea, will generally give relief; and above all, strict attention to the cloathing and diet is requisite. In one case, in which we believe the bronchia

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to be dilated throughout the greater part of the right lung, we have derived considerable benefit from the above means.

We now pass to the second section, which treats of the changes, secretions of the mucous membrane undergo from inflammation.

"The mucous membrane of the air passages," says M. A. "cannot be inflamed without its secretions being modified with respect to their quantity or their quality. The greater or less degree of obstruction of the bronchia, caused by the secretions, necessarily modifies the noise of natural respiration. Instead of the clear sound of 'pulmonary expansion,' (natural respiration) we hear a rattle, which evidently depends upon the displacement of a fluid by the column of air which enters the bronchia at each inspiration. This rattle, we designate by the generic term *moist* bronchial rattle, (the mucous rattle of Laennec.) It is far from being so characteristic as the *dry bronchial rattle* before described: sometimes it is confounded by insensible degrees with the crepitous rattle of pneumonia; and sometimes, especially when situated in the larger bronchia, it has a more or less perfect resemblance with the gurgle of tuberculous excavations. In the latter case, attention to the situation and extent of the rattle and other symptoms will elucidate the diagnosis with more certainty, than the character of the noise itself." 35.

"In the course of bronchitis, it sometimes happens, that the respiration and bronchial rattle suddenly cease to be audible in a certain extent of the lung; whilst the chest is as *sonorous* as usual on percussion: at the same time, the patient is seized with more or less dyspnœa. With Laennec, we attribute this sudden suspension of the respiration to the momentaneous obstruction of the bronchial tube, whose ramifications are distributed in the portion of the lung so affected. In such case, a strong fit of coughing, by expelling the tenacious mucus which causes the obstruction, restores the respiration as promptly as it had disappeared, and the dyspnœa ceases. In some very rare cases, the respiration is never re-established, the difficulty of breathing augments, suffocation becomes urgent, and death takes place from asphyxia. In this way a *slight bronchial inflammation* may be suddenly transformed into a *highly dangerous and rapidly fatal disease.*" 40.

M. Andral relates two interesting cases which proved fatal from this obstruction. The first is that of a man who entered La Charité, with a rheumatic affection. The thorax gave a clear sound on percussion; respiration was very distinct throughout the left side; accompanied with mucous rattle in the superior and middle lobes of the right lung. No dyspnœa. Sometime afterwards he was suddenly seized, during a strong fit of coughing, with extreme difficulty of breathing: throughout the day and night following, there was orthopnœa and continual efforts to cough; next morning, imminent asphyxia, face swollen and of a violet colour, extremities livid, sensation of an

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immense weight pressing on the left breast and occasioning suffocation. The thorax sounded as well as before. Respiration was heard throughout the whole left side, and in the posterior part of the right; whilst, in the anterior part, from the clavicle to the breast, there was neither respiration nor rattle audible, notwithstanding that the chest was raised forcibly during inspiration. He died soon after. On laying open the bronchia, the point of the scissors encountered, at the origin of a large tube, a mass of concrete half-solid mucus, which closed up the passage like a plug. The tube thus obstructed, furnished the ramifications of the superior lobe of the right lung.

It is surprising, says M. A., that such serious symptoms should accrue, from an interruption to the passage of air in so small an extent of lung; whilst, in many persons whose lungs are almost wholly impermeable to air, life is sustained a long time, and frequently without much dyspnœa; but, in the latter case, the loss of permeability in the lungs is gradual; in the above instance, it was sudden. We may further remark, that if the bronchia had not been *carefully examined*, the case would have been regarded as *nervous asthma;* and the dyspnœa, occasioned by a mechanical cause, would have been considered a remarkable example of the metastasis of rheumatism to the lungs!

The second case is very similar; the obstruction was seated in the principal bronchial tube of the superior lobe; it consisted of a cylindrical mass of tenacious mucus, which extended into three or four ramifications.

M. Andral thinks, that when the attention has been once directed to the accident just described, the diagnosis will not be difficult to establish. "We may suspect," he observes, "obstruction of the bronchia whenever considerable dyspnœa supervenes suddenly in the course of simple bronchitis; the respiration, at the same time, being inaudible in a certain extent of the lungs, whilst percussion continues to give a clear or good sound in the part where the respiration is wanting. Emphysema is the only disease occasioning the same indications."

The curative indication is evidently to effect the expulsion of the obstructing matter. For this purpose, the efforts of vomiting should be tried. M. Andral also recommends the inhalation of the vapour of water, mercurial preparations, oxymel, squills, and remedies which are supposed to render the bronchial secretions more fluid, by increasing the exhalations from the lungs: and, as palliatives, he says, sanguineous depletions and revulsives are not to be neglected.

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We shall close this chapter of the work, by extracting the remarks upon the sputa of bronchitis.

"To appreciate correctly the changes occasioned by inflammation, in the secretions of the mucous membrane of the bronchia, it is necessary to attend to the nature of this secretion, in different healthy individuals. In this respect, the bronchial mucous membrane presents as many varieties as that of the nasal fossa. Many persons, without having taken cold, expectorate during the day, and especially in the morning, a greater or less quantity of matter, which is sometimes thin and transparent, like the expectoration of the commencement of bronchitis, and sometimes thick, viscid, and opaque, like the sputa of chronic bronchitis.

"The expectoration commonly undergoes the following modifications in the different stages of acute bronchitis. At the commencement, the cough is *dry;* and whilst it continues so, the disease is to be considered in its *first* stage. After a certain time, the length of which varies with the constitution of the individual and the remedies employed, every fit of coughing is followed by the expectoration of clear mucus, which is viscid and transparent, like white of egg, and when it is poured from one vessel into another, it runs together into an extremely tenacious mass. The tenacity and viscidity are increased in proportion as the irritation of the membrane is more considerable.

"When *fever* accompanies bronchial inflammation, the sputa have much greater viscidity during the febrile paroxysm; and, as the other symptoms of bronchitis are, at the same time, aggravated, an inexperienced practitioner might be deceived by this viscidity of the expectoration, and consider it as a sign of inflammation of the pulmonary structure. But if he examine the expectoration again, after the febrile paroxysm has subsided, he will find that the sputa have lost their viscidity.

"At other times, the expectoration is suppressed during the paroxysm; this indicates an increase in the affection of the mucous membrane.

"In some patients, the expectoration, towards the end of the sweating stage, which terminates the febrile paroxysm, consists of copious, thick and opaque sputa, similar to what occurs in the last stage of acute bronchitis. But this state is only transient; the patient soon expectorating again clear limpid mucus, the same as before the occurrence of the paroxysm. Thus, we see that, during a single paroxysm of fever, the expectoration may undergo all the modifications which it presents in the different stages of bronchitis.

"There is commonly more or less *froth*, upon the surface of the sputa; the quantity depends upon the facility with which expectoration is accomplished. If the patient has a violent fit of coughing, during which he breathes several times, before he can expectorate, the inspired air becomes intimately mixed with the mucus, filling the bronchia, and the expectoration then contains a large quantity of air, which forms a sort of lather on the surface.

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"The sputa, in the first stage, are frequently streaked with blood, arising from small vessels which are ruptured by the efforts of coughing: the blood is *mixed* with the mucus—not *combined* with it, as in the rusty-coloured expectoration of pneumonia.

"The small *white portions of matter*, which are sometimes seen in the transparent mucus, do not originate in the lungs, but appear to be secreted in the numerous crypts of the pharynx and mouth. This matter has been erroneously looked upon as *the "debris" of tubercles*, and consequently, as one of the pathognomonic signs of phthisis.

"Whilst the sputa preserve the appearances above described, the symptoms of bronchial inflammation do not amend—the expectorated matter is still *crude*, according to the expression of the ancients: but, as the inflammation advances towards resolution, the sputa change their character, the mucus gradually loses its transparency, and becomes mixed with yellowish white, or greenish *opaque* masses, which are scanty at first, but continue to increase more and more, until, at length, they compose the whole of the expectoration. This change in the expectoration is ordinarily accompanied with a marked remission of the inflammatory symptoms; it indicates the resolution of the phlegmasia, that the *coction*, as the ancients termed it, is complete.

"The appearance and quality of the opaque sputa, expectorated towards the termination of acute bronchitis, are very variable.

"Notwithstanding the assertion made by writers, from Hippocrates to the present time, that the resolution of pulmonary catarrh cannot be considered complete, until the sputa become thickened and opaque, *we have seen* individuals attacked with intense bronchial inflammation, recover perfectly, although the sputa continued *crude* throughout the whole course of the disease; but these cases form *rare exceptions* to a general rule.

When acute bronchial inflammation passes into a chronic form, instead of terminating by resolution, the sputa retain the appearance they had in the last stage of the acute inflammation. They are opake, whitish yellow, or greenish; they sometimes adhere to the bottom of the vessel—sometimes float in transparent or turbid mucous fluid, or remain suspended in the middle of it. They are commonly inodorous, and appear insipid to the patient; and they are ordinarily expelled easily by slight coughing.

"It is frequently very difficult to distinguish the sputa of chronic bronchitis, from those appertaining to tuberculous degeneration of the lungs. We shall treat this subject in detail, when we come to the description of the expectoration of the latter disease.

"Bronchitis may continue for a long period, with expectoration similar to what is observed at the commencement of the affection. It is then an acute inflammation, indefinitely prolonged, and it is indicated, not only by the characters of the sputa, but, also, by the other symptoms, such as an habitual sensation of heat and constriction within the chest, painful and violent fits of coughing, increased temperature of the skin, &c." 51.

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We now proceed to the second part of the work, which treats of pneumonia. The diagnosis of pneumonia is, for the most part, easy, and the treatment simple; nevertheless, there are some points in the history of the disease, to which the attention may be advantageously directed, some voids which require to be filled. Although it is ordinarily attended by symptoms which characterize it sufficiently, yet cases not unfrequently occur, in which all the usual signs are wanting, and the disease is *latent*.

Proceeding from the most simple and easy, to the most complicated and difficult cases, M. Andral has arranged his observations under five heads. In the first division, 29 cases, attended by all the usual characters of the disease, are detailed; these are subdivided into three sections, according to the *degree* of the affection, *viz.* 1, inflammatory engorgement. 2, red hepatization. 3, grey hepatization.

The second division contains 17 cases, in which one or more of the characteristic signs were wanting, It, also, is subdivided into three sections; the 1st, including cases in which the indications of auscultation and percussion were wanting: the 2d, those unattended by the signs furnished by the expectoration; and the 3d contains a single case, in which the signs of auscultation, percussion, and expectoration were all wanting.

The third division is devoted to the complications of pneumonia with other diseases. The fourth contains two cases of the rare termination of the disease in gangrene. Whilst the fifth is occupied with a "resumé" of the preceding divisions, or a general history of the disease.

Although M. Andral appears to have terminated his subject with what commonly forms the commencement, we think his arrangement highly judicious. By placing the general history in the last division, he leaves it to every one to form an unbiassed opinion from the perusal of the cases, which, we must say, are detailed with much care, candour, and ability; and, by afterwards collecting together, and arranging under their proper heads, the general facts which these cases afford, and placing them collectively before the reader, he enables him to scrutinize their accuracy, and to acquiesce or dissent from them according to his judgment.

The great number of cases which it would be necessary to detail, render it impossible to pursue the same plan in this analysis. We shall, therefore, select from the last division, M. Andral's description of the anatomical characters of the disease:—the indications of auscultation, to which M. Andral has made some valuable additions and some important changes; and some

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other miscellaneous observations. We shall then select a few cases to serve as illustrations of what has previously been advanced.

Laennec admits three degrees of inflammation of the parenchymatous structure of the lungs, *viz.* Simple engorgement, (engouement): red hepatization and grey hepatization. M. Andral employs the same terms because they are simple and in general use; at the same time he remarks, that the term hepatization is not accurate, as there is considerable difference between the consistence of *inflamed lung* and *healthy liver*.

"In the state which is commonly designated red or grey hepatization the pulmonary structure is remarkably *softened* and very *friable*; and it is only in some *much rarer cases* that it is found preternaturally *hard*. Is it right that these two different states of *softening* and of *induration*, presenting, as they do, differences in their symptoms, should be confounded under the same denomination? If we were not convinced of the extreme caution requisite in introducing new terms in medical language, we would propose the following nomenclature for the different stages of pneumonia. In *acute* inflammation we would admit three states, *viz. engorgement*, *red softening*, and *grey softening*; whilst in the *chronic* form, we would admit, in addition to the above, *red induration* and *grey indurution*." 306.

In the slightest degree of inflammation, that of simple engorgement, the parenchymatous structure is still crepitous, though in a less degree than natural; and it bears pressure and extension without tearing. On squeezing the lung, we perceive that the air-cells contain more liquid than air. The brown or mottled colour of the inflamed portion forms a strong contrast with the grey, or pale rose colour of the healthy part: if we incise the engorged parts, a large quantity of reddish foaming serosity runs out; and if, after being incised, the engorged parts are submitted to long continued pressure, so as to squeeze out all the fluid, they may be rendered as elastic as crepitous, and of the same colour as the healthy parts.

This state of simple inflammatory engorgement is only seen in cases of little severity; if the inflammation be at all intense, the structure of the lung is diminished in consistence, becomes friable, and breaks down readily, when pressed between the fingers. The fluid which runs out, when an incision is made, is less abundant and less frothy, and the structure has considerable analogy with the tissue of some spleens, which break down readily, without being reduced to pulp. This description applies to the state intermediate between the engorgement above described, and the red softening to be the next

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described; it is the passage from the first to the second degree of pleuro-peripneumony.

Whilst the lung is simply engorged, without other change of texture, it is sometimes difficult to decide, whether the engorgement is really inflammatory, or merely the mechanical result, either of the sanguineous engorgements with which the lungs are almost always charged, during the last moments of life, or of simple cadaveric engorgement. To distinguish these states, we must trust less to the colour than to the consistence of the lungs; and, if the structure be rendered friable, though in ever so slight a degree, it must be considered as inflammation. This increase of friability will be found, in almost all cases where inflammation has really existed, because it scarcely ever happens, that pneumonia occasions death, unless it be sufficiently intense in degree, to destroy, more or less, the ordinary consistence of the lungs.

From this simple engorgement—from this commencement of softening which we have just described—the inflamed lung advances gradually to another stage, which, at first sight, presents the appearance of liver, uniformly reddened by being gorged with blood. In this state, the red hepatization of authors—the lung is impermeable to air, and does not crepitate, nor swim in water; if we cut into it, a red fluid runs out, but it is not frothy, and is much less copious than in the preceding stage. Examined with a magnifying glass, the pulmonary tissue appears to be composed of a host of small red granulations pressed together; and when lacerated, the same granulations are frequently visible to the naked eye: it tears much more readily than in the natural state; the friability is so great, that it frequently requires only to be pressed slightly between the fingers, to break down the structure, and reduce it to a reddish pulp. Owing to the diseased lung not collapsing, as it does in the healthy state, its volume appears greater than natural.

M. Andral considers *red softening* to be a better term for this degree of inflammation, than *red hepatization*.

In a still further advanced stage, the pulmonary structure is dense, compact and impermeable to air, as in the preceding degree; and has a characteristic greyish, or ash colour. When examined with a glass, the same granulations are observed; only they are white or grey, instead of red. These granulations present many varieties with respect to arrangement, number, and size. In a given space, for example, there are sometimes but a small number, and they are either solitary or in clusters; sometimes they are grouped together in great numbers: whilst, at other times, there is only an uniformly smooth grey

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surface, without any appearance whatever of granulations. In this, as in the second stage, the parenchymatous structure is softened and very friable; the quantity of fluid it contains is sometimes so great, that, on making an incision, a greyish fluid, truly purulent, and always inodorous, rushes out. Sometimes the pus is not evacuated by a simple incision, but, on pressing the tissue gently, without breaking it down, the pus appears on the incised surface, in small drops, which seem to proceed either from the orifices of capillary bronchiæ, or from the granulations. In this degree, the more the lung is infiltrated with liquid, the more it is softened and friable: when pressed between the fingers it breaks down into a greyish pulp, from which circumstance it only requires the finger to be pressed upon a part, to form a small cavity filled with pus; and, the cavity thus formed may be mistaken for a recently formed abscess. M. Andral applies the term *grey softening* to this state.

In *chronic* inflammation, the lung presents the same changes above described, together with two other states, peculiar to the chronic form, in both of which, the pulmonary structure, instead of being softened and soaked with fluid, is hard and dry. In these states, the colour is sometimes red and sometimes grey, and M. Andral, therefore, designates them by the terms *red* and *grey induration*. He remarks that chronic pneumonia is a disease of rare occurrence, and consequently these states are but rarely seen.

It is common to find the three degrees of acute inflammation in the same lung.

Grey softening of the lung may be formed in a short space of time. M. Andral has seen a whole lobe in that state, on the fifth day of the disease.

With respect to the termination of inflammation in *abscess*, a lesion, which until late years was held to be of frequent occurrence, M. Andral agrees with Laennec, in ranking it among the *rarest* forms of the disease. He has met with one case only, in La Charité, that of a man who died on the 19th day, of peripneumony, in whom the abscess was situated in the middle part of the lower lobe of the lung; and, he has seen another specimen presented to the Royal Academy of Medicine, by Dr. Honoré, in which an abscess, the size of an apricot, was situated in the centre of an hepatized lobe. We have, ourselves, recently met with a case, in which four or five small abscesses were seated in the midst of hepatization.

Of *gangrene*, M. Andral relates two cases, and remarks that this termination of pneumonia is almost as rare as that of ab-

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scess. The ancients, he observes, have evidently described, under the name of gangrene, lesions of a different nature.

With respect to the seat of pneumonia, M. Andral gives the following numerical statement of cases.

	Right Lung.	Left Lung.	Both Lungs.	Total.
In the Hospital of La Charité - - -	90	38	17	145
In the Works of Morgagni, Stoll, De Haen, Pinel, and Broussais - -	31	20	8	59
Total - -	121	58	25	204*

With respect to the *part* of the lungs affected, M. Andral states that, in 88 cases, he found the *inferior* lobe inflamed in 47; the *superior* lobe in 30; and the *whole lung* diseased in 11. From this it is evident that Laennec's statement, respecting the extreme rarity of inflammation in the superior lobes,† is not to be depended upon, as we have ourselves ascertained in the course of our personal investigations. We notice this fact the more readily, because we think the discoverer of auscultation has attached too much importance to it, in regard to its proving the non-inflammatory origin of tubercles.

There is one *variety* in the seat of pneumonia which it is important to notice, because the diagnosis is frequently obscure. In this form the inflammation does not occupy a continuous portion of the lung, but is disseminated in numerous insulated points, which are surrounded by healthy tissue. These *partial pneumoniæ* occupy spaces, varying from the size of an orange to that of a nut or pea.

Inflammation of the air-tubes constantly accompanies inflammation of the parenchymatous structure; the mucous membrane is of a deep red colour, nearly equally so in the large and small ramifications.

In most cases there are traces of inflammation of the pleura, such as vascular injection, albuminous concretions, and serous,

* What explanation can be given of the greater liability of the *right* lung to be inflamed than the *left*? The same obtains even in greater proportion in phthisis: of 54 cases we have found *tuberculous excavations*;

In the right lung, and not in the left	22 cases.
In the left lung, and not in the right	3
In both lungs	31 *Rev.*

† "Rien n'est plus rare que de rencontre une inflammation bornée au lobe superieur de poumon." *Laennec de l'Auscultation, t. i. p. 167.*

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purulent, or sanguineous effusion: it is on this account M. Andral generally employs the term *pleuro-pneumonia*. It does not follow, however, that every pneumonia is accompanied by pleurisy, "for more than once, after the most careful examination, the pleura has appeared perfectly healthy."

After some remarks upon the occasional causes of the disease, and a lucid account of its different modes of invasion, M. Andral proceeds to the consideration of the symptoms, the following of which he considers to be characteristic.

"Pain more or less marked in one of the sides of the chest—dyspnœa—viscid, sanguinolent sputa—dead sound on percussion—modification of the noise of respiration—fever."

We shall extract a full account of the observations on auscultation.

"No sooner does the pain and difficulty of breathing come on, than the ear, applied to the thoracic parietes, recognizes a notable modification in the nature of the noise heard at each inspiration, and, as the inflammation advances, the noise undergoes fresh modifications, which indicate, with more or less precision, the situation and degree of the affection. The *voice* is also modified.

"At the commencement of the disease, whilst the lung is in the state of *simple inflammatory engorgement*, the *noise of respiration* in the affected part loses its clearness, and is more or less mixed with the *dry rattle*, which Laennec terms *crepitous*, from the resemblance it bears to the noise emitted by common salt, when thrown upon hot coals. It also bears considerable resemblance to the peculiar noise occasioned by folding or doubling a piece of parchment. The noise of *natural respiration* is always altered and obscured by this *rattle*, but is not always *entirely masked* or concealed by it. As the inflammation increases, the *rattle* becomes more and more pronounced, until, at length, it entirely conceals the *inspiratory murmur*. The presence of *crepitous rattle* indicates *engorgement*, or the first stage of inflammation; and, so long as it continues, it shews that the inflammation (in great part at least) has not advanced beyond the first degree. From its greater or less intensity, and from its more or less strong admixture with the natural respiration, we may derive indications of the degree to which the engorgement extends, and whether it is passing into the state of hepatization, or otherwise. Whilst the noise of *natural respiration* predominates over the *crepitous rattle* we may conclude that the inflammation is slight; but, if the *rattle* increases, and predominates in its turn, until, at length, it completely masks the respiration, we may be certain that the inflammation is advancing, and that it is passing on to the *second degree*.

"At a more advanced period the crepitous rattle gradually ceases to be heard; and, if the *natural* respiration then returns, we know the disease is subsiding; but if there be *no respiration* audible, or if the *natural* respiration is replaced by *another kind*, hereafter to be described,

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we may be certain that the disease is becoming more serious, and that the lung is *hepatized*.

"M. Laennec has well established the fact that, in many cases, when engorgement of the lungs is succeeded by hepatization, the ear applied to the chest *feels* the motions of the thoracic parietes, but does not *hear* any *respiratory noise*, either natural or pathologic. We have often verified this statement; but we have also frequently observed, in the same stage of the disease, *another very remarkable phenomenon*, which appears to have escaped Laennec's attention. In certain cases, where the lung is in the state of red or grey hepatization, the noise of respiration does not disappear, but is *modified* in a singular manner, and is evidently different from the natural kind. It seems as if a person, placed near the auscultator's ear, breathed forcibly through a brazen tube; there is, at the same time, a peculiar kind of *resonance* of the *voice*, wherever this kind of respiration is audible. The modification of the *voice* is not properly either *ægophony** or *pectoriloquism*; it approaches more nearly to that form of resonance, which is observed in dilatation of the bronchia. Whenever cases, presenting this double modification of the voice and respiration, have proved fatal, dissection has constantly presented either red or grey hepatization, or pleuritic effusion: we have never observed it during life, but in cases where the very dead sound (on percussion) and the whole of the other symptoms indicated pneumonia in the second or third degree, or effusion of fluid into the pleura.

"The explanation of this modification of the voice and respiration seems easy. It appears to us to depend upon the air not being able to penetrate farther than the large bronchial tubes: and, for this reason, the phenomena are manifested, not only in pulmonary hepatization, but also where the lung is compressed by pleuritic effusion;—and, in short, whenever the air is prevented reaching the air-cells of the lungs. The cause of this peculiar respiration being well determined, we shall call it *bronchial respiration*, in order to distinguish it from the noise of natural respiration, which we designate by the terms, *noise of pulmonary expansion* and *vesicular respiration*. 335.

That M. Andral's description of the bronchial respiration and peculiar resonance of hepatization is accurate, we can vouch from our own experience. We have, in the course of our investigations, had many opportunities of comparing the relation which exists between these phenomena and the morbid appearances; and, from the important changes they are calculated to produce in the value of some of the other signs of auscultation, the information M. Andral affords us cannot be too widely disseminated.

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* Egophony, or ægophony, is the proper orthography of this word, not hægophonism. Αἴξ has the smooth aspirate (᾽)—it is, therefore, improper to prefix h; and for preferring the termination phony instead of phonism, there are several authorities in our language. e. g. symphony, euphony, cacophony.

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Laennec, in treating of egophony, remarked, "that he was almost certain that it never existed in simple peripneumony;" —egophony is there used to signify resonance of the voice. His reasons for this opinion were founded upon the circumstance, that of 150 cases of inflammation which he had explored, he had never met with it; he adds "comme je les examinai tous très-attentivement, un phénomène aussi frappant que l'egophonie n'aurait guére pu echapper à mon attention, si réellement il eut existé chez eux." (*De l'Ausc. t.* i. *p.* 148.) He further observes that, "if peripneumony gave rise to egophony, the same effect would also be produced by induration of the lung from any other cause, and especially by the accumulation of tubercles, or the infiltration of tuberculous matter: and this, I can positively declare, is not the case; from the great number of consumptive cases I have examined, in whom the voice had been carefully explored, throughout the whole chest, a great many times, during the course of their mortal malady."

The first published facts, respecting this *resonance of the voice*, are to be found in Dr. Collin's work, (Des Diverses Méthodes d'Exploration de la Poitrine.) He relates, that in six cases of inflammation of the superior lobe of the lung, *pectoriloquism* existed. There is, however, only the positive evidence of one dissection; as four recovered and one died after some months illness, in the course of which phthisis supervened. M. Colin also considers resonance of the voice to be occasioned by the presence of numerous *crude* tubercles, when situated near to large bronchial tubes. M. Andral's numerous cases remove all doubt, and entirely supersede Laennec's observations.

Although our author justly observes that the *peculiar resonance* of the voice is not properly either *pectoriloquism* or *egophony*, still, its resemblance is so great, sometimes to the one and sometimes to the other, that it will not always be possible to discriminate. Nor will the *bronchial respiration* remove the difficulty; as *pectoriloquism* is accompanied with loud, *tracheal* breathing, whenever the tuberculous excavations communicate freely with the bronchia; and, in the points where *egophony* exists, "there is frequently tracheal or bronchial respiration," (*De l'Ausc.* 1, 354.) For these reasons, we would again strongly recommend the student not to rely solely upon the auscultic indications; but to study them in combination with the general symptoms, and the results of percussion. Where he has the opportunity of tracing the disease from its onset, auscultation will furnish him with precise and generally with sufficient information. He will trace the *crepitous rattle* progressively masking more and more the *natural respiration*,

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until, at length, the latter is entirely concealed; next follows the diminution and disappearance of the rattle itself; the *sound on percussion* diminishing and becoming *dead* or *fleshy* at the same time: then the *respiration* is either entirely *wanting*, or of the *bronchial* kind above described; if the latter, the *voice* also *resounds* strongly under the instrument. We say, that where the auscultator has traced these phenomena, in the course of an acute disease, he will find little difficulty; but when called in at an advanced period, and where there is complication with other affections, he will sometimes find even the resources of auscultation and percussion insufficient; and it may possibly require the minutest investigation of every circumstance to unravel all the intricacies and difficulties of the case.

"When pneumonia proceeds towards resolution, and begins to pass from the second back to the first stage of the disease, the *crepitous rattle* re-appears. At the same time, the *bronchial respiration* becomes less evident, and the resonance of the *voice* disappears gradually. The *crepitous rattle* diminishes in its turn, and is insensibly supplanted by the natural respiration or noise of pulmonary expansion.

"The *crepitous rattle* frequently remains in some points a *long time* after all the other symptoms of inflammation have disappeared: whilst this is the case, we may be sure that the pneumonia is not perfectly resolved; and we must be on our guard against a return of the acute form of the disease, or a continuance of a latent form, from whence disorganization may sooner or later result." 335.

"Whilst auscultation of the *diseased side* affords the different signs already enumerated; the *respiration* of the *healthy side* is heard with much greater intensity than in the physiological state;—as if it were necessary, for the *healthy* lung to receive a greater quantity of air in a given time, in order to supply the deficiency of the *diseased* one.

"This increased intensity of the respiration of *one side*, is of itself sufficient to induce suspicion of disease in the *other side*." 336.

"The quantity of liquid accumulated in the bronchia is sometimes so great, that the bronchial rattle occasioned thereby is loud enough to mask all the other auscultic phenomena.

"Lastly, there is a form of pneumonia in which auscultation teaches nothing with respect to the seat or degree. The ear perceives the noise of pulmonary expansion very clearly every where, but at the same time more strongly than natural. This happens when the inflammation occupies a circumscribed portion, situated at a distance from the surface of the lung, more especially a part of the *base* of the *centre*, or of the *root*." 337.

Our extracts already extend to so great a length that we can only make room for the following passage from the description of the expectoration.

"When pneumonia terminates in *gangrene* it is immediately indica-

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ted by the expectoration; at first the expectoration is a greenish liquid, then dirty grey, at times reddish, and *exhaling a fetid odour like that arising from the gangrene of external parts.*" 347.

We have experienced the correctness of this account to the great annoyance of our olfactory organ.

"With regard to the decubitus, nothing," says M. Andral, "can be more inaccurate than the opinion that the patient constantly lies on the *diseased side.* In the commencement of pneumonia there is scarcely one case in fifteen that affects this position; the others constantly rest on the back. It is in *certain pleuritic effusions*, and not in pneumonia, that the decubitus on the side is observed."

The observations upon the *treatment* are so truly *French*, and so little calculated to be useful with us, that we shall not waste our reader's patience nor our own labour in noticing them.

We shall now select a few cases.

CASE IX.—*Inflammatory Engorgement, passing into Red Hepatization.*

"A man, aged 45, entered La Charité January 21, 1820. On the 18th he had been all day exposed to cold and wet, in the evening he had a shivering fit, was burning hot throughout the night, and became delirious on the 19th, on which day he began to cough. On the 20th (3d day of the disease) no delirium, increase of the cough, slight dyspnœa, fever. When examined in the morning of the 21st he presented the following symptoms: Respiration accelerated, oppression, cough frequent, not painful, accompanied by expectoration of *rusty coloured, viscid*, and transparent sputa. *Crepitous rattle*, not entirely masking the inspiratory murmur, below *both clavicles* as far down as the breasts—in the *axillæ*—and in the *supra-spinous fossæ* of the scapulæ. *Respiration* elsewhere strong and clear. Thorax *as sonorous* as usual—decubitus on the back—pulse frequent and full—skin hot and dry, &c. &c. *Diagnosis*—Inflammatory engorgement of the summit of both lungs. (VS ad ℥xvj.— Sinapisms to the feet—ptisan—and glysters.

"Next day the *crepitous rattle* masked the respiration more completely, and extended to the right infra spinous fossa. The thorax, *on percussion*, was *less sonorous*, anteriorly; dyspnœa increased—and the *sputa* more viscid. The *inflammation* had therefore increased, and was advancing towards hepatization. (Two bleedings: one of 12 oz. in the morning, and one of 8 oz. in the evening; blood sized.)—Sixth day: same state, (blisters to the thighs.)—Seventh day: more and more oppression—*sound* below the clavicles *notably diminished. Weak crepitous rattle, without respiratory murmur*, in the same parts as before. Sputa red, united together into a gelatinous mass which adheres strongly to the vessel.—Eighth day:—delirium, death.

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"*Autopsy.*—The *upper lobe* of each lung of a vermillion red colour, forming a strong contrast with the greyish hue of the other lobes. When incised, the superior lobes poured out a large quantity of red frothy serosity; their structure was more easily lacerated than the other lobes; and, although scarcely crepitous, they still floated in water. The rest of the parenchymatous structure was dry, excepting the posterior part, where there was slight cadaveric engorgement.

"Bronchial mucous membrane of the superior lobes reddened. Old cellular adhesions of the pleura—cavities of the heart filled with fluid black blood." 117.

This case requires but one comment, and that, as to the treatment. We believe there is scarcely a practitioner in the whole empire of Great Britain, who, with such accurate information, would have suffered his patient to die.

CASE XIX. *Red Hepatization.*

"A water-carrier, aged 58, was admitted into La Charité, March 9, having been troubled with acute pain under the left breast for three days. At his admission, there was *strong crepitous rattle* throughout nearly the whole inferior lobe of the left lung; in which extent, the thorax *resounded less on percussion* than on the right side. Although troubled with a constant desire to cough, he dare not cough out for fear of increasing the pain. *Sputa*, viscid and transparent, not streaked with blood—dyspnœa not great—pulse frequent and full—skin hot and dry—tongue whitish—thirst. (20 leeches to the side; V. S. ad. ℥xvj.—emollient ptisan.)

"On the 10th (4th day of the disease) dyspnœa increased. Sputa more *rusty* and very viscid. *Weak crepitous rattle*, not mixed with any *natural respiration*, in the whole inferior lobe of the left lung. The natural respiration in the left superior lobe, mixed at intervals with *slight crepitous rattle*. *Sound, on percussion, decidedly dead*, from the inferior angle of the left scapula to the bottom of the thorax.

"*Diagnosis.* From these signs, it was evident that the inflammation had advanced to the second degree in the lower lobe; and that the first degree was commencing in the upper lobe. M. Lerminier prescribed two bleedings: one of 20 oz. immediately, and the other of 12 oz. in the evening.

"Fifth day: same state.—6th day: extreme dyspnœa. Sputa very viscid, and bright red. *Bronchial Respiration* and peculiar *resonance of voice* on the level of the inferior angle of the left scapula, where the *sound* is very *fleshy* on percussion. On the same side, immediately above and below the spine of the scapula, in the axilla, and from the clavicle down to the nipple,—there is strong *crepitous rattle*, with slight admixture of *natural respiration*. The inflammation, therefore, was as bad as ever, and, notwithstanding that the venesection had been of no service, it was only by further depletions that its progress could be expected to be checked!—VS ad ℥xij!!

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"7th day: The *bronchial respiration* had disappeared, which seemed to indicate an increase of hepatization. Other symptoms the same. (VS ad ℥viij.) Delirium in the night. Death on the 10th day.

"*Autopsy.* *Red hepatization* of the inferior lobe of the left lung: *sanguinolent engorgement* of the superior lobe: *albuminous concretions*, forming false membranes upon the left pulmonary and costal pleura, and about a glass-full of reddish serous *effusion*. Right cavities of the heart distended with clots of blood." 157.

In this case the indications of auscultation and percussion, enable us to trace the daily progress of the disease, with almost mathematical precision. He was first examined on the 3d day of the disease: there was *strong crepitous rattle* throughout the *inferior lobe* of the left lung, and the *sound* was *rather dull* on percussion. The disease, therefore, was limited to the inferior lobe, and still in the *first degree*, but fast verging to the *second*. On the 4th day, the inferior lobe was shewn to be hepatized, by the *dead sound* on percussion—the entire *absence of respiration*, and the *diminution* of the *crepitous rattle*: whilst the *slight crepitous rattle*, heard at intervals along with the natural respiration, shewed the commencement of *engorgement* in the superior lobe.

The *bronchial respiration* and *resonance of voice*, heard at the inferior angle of the scapula on the seventh day, was a certain proof of hepatization: and the extent in which the strong *crepitous rattle* with little admixture of natural respiration was audible, shewed the whole *superior lobe* to be very considerably *engorged*. The *bronchial respiration* disappeared on the seventh day; was not this occasioned by the effusion separating the lung from the thoracic parietes?

It is no wonder that the French surpass us in the knowledge of pathological anatomy:—the opportunities their *treatment* affords them being so much superior to ours. We are quite certain that, since we have used the stethoscope, we have never lost a case of simple pneumonia, however severe, to which we have been called by the 3d day. Our only opportunities of making post mortem examinations have been where the disease has been suffered to run its course, unchecked by appropriate remedies.

CASE XXIX. *Red and Grey hepatization.*

"A sawyer, aged 67, troubled with a cough for five weeks, entered La Charité. For five days he had had *stitch* at the bottom of the left side, and had spit blood three days. At the first examination, there was *crepitous rattle* along with slight *respiratory noise* posteriorly on the left side. Percussion, on account of the pain it gave all over the side,

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could not be practised. Sputa *rusty* but little viscid. Pulse frequent and strong.

"The disease appeared not to have passed the first degree. (VS. ad ℥xvj.)

"6th day. *Crepitous rattle* posteriorly to the level of the inferior angle of the scapula: higher up there is *bronchial respiration* and a *peculiar resonance of voice*; seeming, as if the patient blew his words through the end of a tube: the *sound* is *dead* in the same part. Pain in the side almost gone.—Hepatization of the lung. (VS. ad ℥xvj. blisters to the thighs.)

"7th day. Sinking. *Bronchial respiration* audible in the same points as the preceding day: the *crepitous rattle* heard lower down has disappeared, and there is no noise of any kind. *Sound very dead* in the whole left side posteriorly.

"8th and 9th days. More and more great prostration—rapid sinking in the features of the face, without great difficulty of the breathing. Death in the night of the 9th day.

"*Autopsy.* The inferior lobe of the left lung, compact and easily lacerated, presented a mixture of *red* and *grey hepatization*, the latter being the most considerable; the rest of the lungs healthy and but little gorged with liquid. Nothing remarkable in the other viscera." 185.

This case requires no other observations than what we have made on the preceding ones. It affords a good example of *bronchial respiration* and *resonance of voice*.

CASE XXXVII. *Grey Softening of the Root of the Lung, not indicated by Auscultation or Percussion.*

"A man, aged 37, walked from Guéret to Paris, a distance of 92 (French) leagues, in six days, in very windy weather. On the 16th of March, 1820, the evening of his arrival, he was seized with a rigor, which lasted a part of the day and all the night following. On the 18th, he perceived an acute pain in the right breast. On the 19th and 20th, fever—cough without expectoration. He was admitted into La Charité on the 20th, and presented the following symptoms.

"Face calm, with a slight yellow tinge around the nose and orbits: sensitive and intellectual faculties undisturbed: considerable muscular power; position, on the back; breathing scarcely accelerated. Profound inspirations increase the pain which still continues beneath the right breast. *Thorax perfectly sonorous* throughout, and the *respiration very distinct* on both sides. Cough frequent. Sputa yellow, viscid, united into a gelatinous mass, scanty; pulse frequent, small; tongue moist and clean; thirst; anorexia; abdomen supple and tardy; constipated (12 leeches to the side—emollient enemata and drinks).

"On the 22nd, the expectoration became aqueous and brownish, *like* the juice of plums, (blisters to the thighs).

"On the 23d, much worse. *Thorax* equally *sonorous* throughout. *Respiration* every where *audible* and *loud*. No expectoration. A few

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hours after the visit he vomited black matters, and sunk rapidly. He died at 5 o'clock.

"*Autopsy.* Both the lungs crepitous on their surface and engorged with frothy colourless serum. The structure, towards the root of the right lung, is reduced to a *greyish yellow pulp*, which breaks down easily under the finger, and oozes purulent sanies. Some points of *red hepatization* along the internal face of the summit of the lung." 207.

A very instructive case to auscultators, who ought always to be on the alert when the respiration is *louder* and *more distinct* than usual, in cases presenting the general symptoms of pneumonia.

Case LXIII. *Pneumonia terminating in Gangrene.*

"An organ-player, aged 28, drank, on the 25th of August, 1822, a large quantity of cold water, whilst he was in a state of perspiration. A few hours afterwards he was seized with a rigor; and, the same evening, he felt an acute pain under the right breast, which increased during the night. This continued throughout the 26th and 27th, on the latter of which days the sputa became bloody, and he was bled, with relief of the pain. On the 5th day of the disease he was bled a second time. Throughout the 6th, 7th, and 8th days, the sputa continued *rusty*, the cough frequent, oppression, and fever. The nine following days he remained in the same state, and used no other means than keeping in bed, and attending to his diet. He was admitted into La Charité on the 16th day from the invasion of the pneumonia, and was in the following state the next morning.

"Face pale and leaden-coloured: extreme weakness and emaciation: no trace of the pain in the side: he complained of dyspnœa—he lay flat upon the back, inclined a little to the right side: cough frequent: sputa reddish brown. The chest did *not resound on percussion* in the posterior and lateral parts of the right side; and there was *neither rattle* nor *respiration* in the same space. Pulse frequent: no heat of skin. M. Lerminier considered the case *pneumonia in the third degree.*

"He continued in the same state until the 21st day. In the morning, the sputa, which he had expectorated during the night, were rather fetid; and, in the course of the day, they changed to a dirty greenish grey colour, and became horridly fetid.

"Next morning the *dead sound* of the side had diminished, and there was a *marked gurgling* heard where the respiration was before inaudible. From this it appeared, either that purulent effusion, formed in the pleura, had opened into the bronchial tubes, or, what was more probable, that a communication was formed between one of the tubes and an ulcerated cavity resulting from gangrene.

"The following days the sputa became more fetid, and more characteristic of gangrene in colour. He sunk rapidly; he had profuse sweatings. Diarrhœa supervened on the 33rd day, and he died on the 42nd.

"*Autopsy.* The inferior lobe of the right lung excavated into a large cavity, with irregular brownish parietes, from whence exhaled a tainted

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gangrenous smell; it contained a dirty greenish grey semi-fluid, pultaceous mass; some large bronchial tubes opened into it, and it was only separated from the thoracic parietes by a very thin layer of pulmonary structure. Around the cavity, which would have contained an orange, the parenchyma of the inferior and middle lobes presented a mixture of red and grey hepatization." 228.

Cases of this kind are interesting, from their extreme rarity, and present but little difficulty. The only example we have seen was doubly interesting, from the circumstance, that the patient recovered, and is still alive. We are not aware that a similar instance is on record.

M. Andral's second case of gangrene occurred "in one of the most truly chronic examples of pneumonia" he ever witnessed. We cannot spare room to insert it.

Our analysis has already extended to so great a length, that we cannot give more than a table of contents of the last chapter which treats of pleurisy. In the first division, M. Andral treats of pleurisy occurring *without effusion*, and details three cases. These are valuable, because they form exceptions to the general rule of pleuritic inflammations being accompanied with effusion.

The *second* division contains the cases of pleurisy attended with effusion. The *third* is devoted to partial or circumscribed pleurisies, which are said to be very frequent and insidious. It is subdivided into three sections; the *first* of which includes three cases of *insulated* inflammation of the diaphragmatic pleura, and two cases of *diaphragmatic pleurisy* coexisting with inflammation of the pulmonary and costal pleura; the *second section* embraces *interlobular pleurisies;* and the *third*, inflammation of the *median pleura*, or mediastinum.

In the *fourth division*, three cases of *partial inflammation* of the pulmonary and costal pleura are detailed. The *fifth* embraces *double pleurisies*, with or without effusion. Whilst in the sixth division, M. Andral resumes the whole subject, and gives a general history of the disease, in the same way as he has done in the chapter on pneumonia.

In closing our remarks upon this volume, we must pay M. Andral the tribute of our warmest thanks for the candour, care, and able manner in which the cases are related, and for the valuable matter it contains. He deservedly ranks in the highest circle of his profession.

☞ The great length and importance of several Reviews in this Number, (occupying 206 pages of letter-press) compel us to defer a great mass of matter intended for the PERISCOPE till our next quarter. In our future Numbers we hope to make the proportion considerably more in favour of the latter department of the Journal.—*Ed.*

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X.

Quarterly Periscope

OF

PRACTICAL MEDICINE;

BEING

The Spirit of the Medical Journals,

Foreign and Domestic;

WITH COMMENTARIES.

PREFACE.

The Periscopic Department of this Journal has now, we trust, established its claim to the merit of public utility; and we take some credit to ourselves for having been the first, in this Country, to strike out a new path in Periodical Medicine, which, (under various titles) has been since pursued by several cotemporaries on both sides of the Atlantic.* Previously to the establishment of our Periscope, a very large and constantly increasing proportion of medical writings, in the shape of *original communications*, almost entirely escaped the censorship of the press, and were not deemed legitimate subjects for comment or criticism. But such immunity is no longer maintained; and, indeed, we may boldly affirm that this department (of original communications) from its extent and importance, is now of greater interest than the publication of systematic works, or separate treatises. These last are very generally compilations; whereas the detached communications in Medical Journals are more likely to be original facts, observations, or opinions. To bear upon this branch of medical literature, therefore, the Periscope was instituted—with two great objects in view—*first*, to collect the spirit and substance of these widely scattered fragments of science, so as to bring them distinctly under general inspection—and *secondly*, to exercise a mild but independent system of comment, rather than of criticism, with the view of giving currency to their merits, and correction to their errors, without injury or offence to their authors.

If such an object can be effected through the medium of a *Periscope*—and we trust that we have not been hitherto unsuccessful—we think it will be granted, that our labours are of considerable service to the profession at large. To this department of our Journal we cannot conceive a single valid objection. By it we injure no class of the community—neither writers, publishers, nor readers. On the contrary, we benefit them all. The object of a writer must be publicity to his sentiments—and this we give him, in a degree which, from various circumstances, cannot be equalled, or at all events surpassed, through any other channel. This increased publicity stimulates to the communication of original papers in cotemporary Journals—and we have the best means of knowing, that our Periscope every

* The Philadelphia Quarterly Journal has adopted the title, as well as the plan, in its New Series.

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day tends to draw forth valuable facts through the aforesaid channels. So far our labours are beneficial, both to the editors and publishers of other periodicals. To the great mass of medical society—the *readers*—we need hardly appeal in favour of our plan. They cannot but see and feel the immense advantages which this new and laborious department has placed within their reach—but they know not the intellectual wear and tear which its construction occasions!

This much we may be allowed to say, that the history of the periodical press in this country—we mean the medical press—presents no epoch when *half* the quantity of practical information was ever conveyed in *double* the space, or for *quadruple* the price of a PERISCOPE. In organising a department of this kind, therefore, which is now very generally adopted, we think we have "done the state some service"—and we shall not relax our efforts in bringing the said department to its utmost degree of perfection.

To effect this object, we are compelled to reiterate a resolution which has been several times previously announced, but continues still to be imperfectly understood by the public:—we mean the resolution *not to publish original communications, except in the Extra-limites, and at the expence of their authors*. Although this determination has been often declared, we daily receive papers which we are obliged to return, and which occasion a loss of time in correspondence that can be but ill spared. We hope that this notice will suffice for the future, and that our practice of reviewing all good papers that appear in other Journals will be a sufficient apology for our declining the insertion of them in any other shape hereafter.

The EXTRA-LIMITES shall always be open to those who deem such a medium desirable; but it must be under the stipulations alluded to above. The quantity of letter-press (beyond that of all other Journals of equal price) which we quarterly devote to our present plan, compels us to rigidly adhere to the resolution now recorded; and we hope that our friends and correspondents will not require further explanation.

I.*

PATHOLOGY.

Actio læsa suum designat singula morbum;
Præterea morbum partis mutatio signat.

1. *Hospital Reports, from l'Hotel Dieu.*† Of the acute diseases during the first quarter of the present year, about a fifth proved fatal, which is a large proportion of deaths, even in the midst of a bad epidemic. Of the chronic diseases, the rate of mortality was rather more

* Among other curtailments in the Periscope of this Number, and for the reasons already stated, we have been obliged to omit the Section on *Physiology*, as of less practical importance than some other sections.—*Ed.*

† Revue Medicale. Professor Recamier—M. Martinet. Tableau des Maladies Observées à l'Hotel Dieu pendant le Premier Trimestre de 1823. —*See the former Reports, p* 217 *of last Number.*

We hope and trust that the medical officers of our Metropolitan hospitals will follow the example of their Parisian brethren, in selecting intel-

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than one in four. The inflammatory complaints were chiefly of the digestive tube and of the lungs.

1. *Fever.* Two cases of fever, in this quarter, afforded proofs, if, indeed, proofs be still necessary, that the symptoms during life cannot always be connected with appreciable lesions in the dead body. One of the subjects was a young man, 18 years of age, who had had fever fifteen days before he entered the hospital. He then presented symptoms of slight pulmonary affection, to which were added, a few days afterwards, cephalalgia, inclination to vomit, yellow coat on the tongue, wandering pains in the abdomen, &c. In a day or two these subsided, but still the fever continued. There arising some tenderness of the epigastrium, twenty leeches were applied there, no antiphlogistic measures having been previously put in force. On the 20th February, being then able to get up a little every day, he was seized with spasms, which soon went off, leaving him pale and depressed in spirits during the remainder of the day. 21st. He complained of oppression about the chest, and extreme malaise—he had diarrhœa—the base of the thorax was the seat of acute pain—pulse small and concentrated. He got up to the close-stool, and there he suddenly and unexpectedly expired.

Dissection. The most rigorous examination could discover no trace of disease, to account for this sudden death, in any part of the body.

Case 2. Michelot, aged 19 years, of strong constitution, had been ill some days before he entered the Hotel Dieu, leeches having been applied to the head, and to the epigastrium. He was affected with diarrhœa and fever. Eighteen leeches more to the head, as he evinced some delirium. Next day, (7th February) the belly was rather swelled and painful. He was leeched there, and bled from the arm. The blood was inflamed. 8th. No amendment. The fever is higher—the diarrhœa continues. 9th. Much delirium—dilatation of the pupils—tongue dry. Twenty-five leeches behind the ears. 10th. In the same state. 11th and 12th. The intellects much clearer—the fever persists, but is moderate—the diarrhœa continues. 13th. There is some subsultus tendinum to day. 14th. Continues to sink. 15th. Died.

Dissection. The membranes of the brain were transparent, and the substance sound. No effusion in any part of the head. The thoracic viscera were perfectly healthy. *Abdomen.* The mucous membrane of the stomach and small intestines quite pale, and in the most perfect state of integrity—"dans le meilleur état possible"—the internal surface of the sigmoid flexure of the colon presented some very trifling blush of redness—all the other abdominal and pelvic organs remarkably sound.

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ligent pupils to record the most interesting cases in a book, from whence reports might be made in some of the Medical Journals, from time to time, in an authentic shape. If they do not adopt some such plan as this, their reputations are likely to suffer from the garbled and falsified pictures which are presented of their practice by unauthorized reporters.

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Well may the physician say that "certes, il est impossible de trouver ici une gastro-enterite, ou de reconnaitre les traces d'une arachnites." Let the disciples of Broussais and Clutterbuck ponder on these facts—and still aver that there is no such thing as idiopathic fever—that all fevers are gastro-enterites or phrenites!

Diseases of the Encephalon. We shall only notice one or two of these. The arachnitis was confined to the inferior surface of the cerebellum, with the formation of false membranes on the left lobe of this organ, and on the corresponding side of the tuber annulare. In the middle of the disorders occasioned by this state of things, giving rise to opisthotonos, strabismus, &c. the intellectual faculties remained unaffected, and the patient answered questions, and described his feelings to the last. This freedom of the intellect accorded perfectly with the lesions found on dissection. The arachnoid covering the parts abovementioned was alone inflamed, and that which enveloped the hemispheres was perfectly sound. We know that delirium never manifests itself when the cerebellic arachnoid *only* is inflamed.

Case. Lefevre, aged 54 years, having experienced severe reverses of fortune, was seized, on the 4th November, 1824, immediately after a moderate supper, with giddiness, weakness of the lower extremities, embarrassment of speech, drawing of the mouth to one side, and slight confusion of ideas. He was bled immediately, which relieved the symptoms, and in three or four days they entirely subsided. Early in February, 1825, he experienced new misfortunes, which were followed by such sensorial disturbance that he could neither read nor write—and soon afterwards he lost the power of clothing his ideas in appropriate language. Numerous leeches were applied to the head, but without good effect. On the 17th he entered the hospital. He now presented the following phenomena:—muscular power unimpaired—the senses and sensibility unaffected—the general health apparently good—the power of language very imperfect, he making use of words that were quite unintelligible or inapplicable to the questions asked. It is curious enough, that, although he could not answer questions in words, he could write down the most distinct and sensible answers. He could not read, or at least pronounce, the words which he had written. This man was ultimately discharged from the hospital without any amendment.

Diseases of the Chest. Our author observes, that the hospital presented to the students this quarter a disease which has hitherto passed undescribed by authors—namely, inflammation of the ultimate ramifications of the bronchia. This disease, he thinks, has been confounded with catarrhal inflammation of the larger air-tubes, with pneumonia, asthma, &c. though it greatly differs from them. Andral is the only author who has noticed, but in a very cursory manner, this disease. When the ultimate bronchial ramifications are inflamed, the chemical changes

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produced by respiration on the blood are incomplete—hence the deranged functions of respiration and circulation. The dyspnœa is exasperated by fits, and then becomes extreme. The pulsations of the heart are increased in frequency, corresponding with the acuteness and sensibility of the malady. Finally, the patient is thrown into a state of real asphyxia which soon proves fatal, the inflammation of the air-cells preventing the oxygenation or decarbonization of the blood. In the mean time, the chest emits its proper sound, the lungs being permeable to the air. This species of bronchitis merits, Recamier thinks, to be studied with more care than has hitherto been done, on account of its severity, and, indeed, fatality. A memoir on the subject is forthcoming, in a succeeding No. of the Révue Medicale. Three patients, affected with this disease, died in a few days from the commencement of the attack. In three others, the most active antiphlogistic and revulsive treatment saved life, though with much difficulty.

Our author observes, that the mortality from pulmonic inflammation was very moderate this quarter, being only five in thirty, or *one in six*. Now we really consider this a very high ratio of death from thoracic inflammation—an inflammation which we consider amongst the most manageable of all the internal phlegmasiæ.

Of the five who died of pulmonic inflammation, only one merited the notice of the reporter. It was a case where there was a coincidence between latent and evident pleuropneumony. The patient had been bled from the arm three times, and had a number of leeches applied, together with cupping-glasses. By these means, the fever had nearly been dissipated, and he was becoming convalescent, when he one morning presented a slight degree of dyspnœa, together with pain in the right side. Leeches were applied, but he suddenly expired the next day, to the astonishment of his medical attendants.

On examination, the left lung which had been inflamed was restored nearly to a state of integrity. The right lung, on the other hand, was hepatized, and the pleura diaphragmatica covered with thick false membranes.

During the whole of 1824 they did not meet with a single case of pericarditis. But three cases of this dangerous and insidious disease presented themselves in the course of two months, in the present quarter. One of these was affected with pleurisy in the left side, and also gastritis. These diseases were easily recognized, and treated accordingly; yet the patient died on the 7th day. On dissection, there was found, in addition to the diseases specified, a very extensive pericarditis, with false membranes on the surface, and flocculent effusion into the cavity of the pericardium.

It was not (as is often the case) till after the *post-mortem* appearances were noticed, that the physicians began to connect certain phenomena during life with the organic lesions found after death. Thus, it was remembered that the patient evinced a constant agitation and degree of malaise disproportioned to the other phlegmasiæ with which he was affected. The appearance of the countenance was also very striking, and the

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sensorial functions were more disturbed than in ordinary pleuritic and gastric inflammations.

Abdominal Inflammations. This section of our author's report contains but little that needs notice. We shall present the particulars of one case.

Case. Franhi Boile, aged 29 years, had been ill about a fortnight before he entered the hospital, his principal complaints being pain in the belly, and diarrhœa. When he was received, his face was flushed—there was some stupor—mouth and tongue dry, the latter red—abdomen swelled and painful on pressure—diarrhœa troublesome—temperature not greatly increased—pulse 93—sensible when spoken to—the thorax sonorous in every part, except under the right shoulder blade—breathing free. These symptoms increased for a few days, and then decreased. On the 8th day from his entering the hospital, there were symptoms of convalescence, and the patient began to take some food. On the 10th day, a small ecchymosis was seen on the left foot, which spread rapidly, and sloughed. The fever now entirely disappeared, and the patient became completely convalescent. Tonics and nourishing food were allowed. The wound having put on a good appearance, the diarrhœa and fever returned on the 33rd day, and in a few days more carried him off.

Dissection. The intestines were distended with fetid gas—and covered externally with a thin layer of whitish-looking matter, some spoonfuls of which could be collected in the pelvis. The vessels of the peritoneum were not at all injected. The mucous membrane of the stomach was pale, soft, and easily separated from the contiguous coat. The small intestines were sound throughout, except at the cœcal extremity, where two or three small ulcerations of the mucous membrane were seen. There were numerous ulcerations of the colon. There was no other morbid appearance in the abdominal viscera. The heart was flaccid, and its muscular substance very soft—the lungs were crepitous—the mucous membrane of the aërial passages of a violet colour, and covered with a frothy mucus.

Colica Pictonum. Of six cases, three were treated by leeching the abdomen, with the most decided advantage. One of these had undergone the treatment of LA CHARITÉ, without any amendment. The symptoms were dissipated, like as by a charm, on the application of fifty leeches to the abdomen. This took place, too, in the case which appeared least of all inflammatory. In three other cases, the treatment was by narcotics and purgatives combined. One of these patients had a relapse, and returned to the hospital. Acupuncture was practised. The patient died 24 hours afterwards, and dissection could not detect any lesion to account for the death of the patient. These are the principal facts of any interest, which we have been able to extract from M. M. Recamier's and Martinet's reports for the first quarter of the present year.

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2. *Disease of the Heart.** A female, aged 47 years, was seen by Dr. B. on the 25th January, 1825, complaining of some difficulty of breathing, and great sense of commotion at the heart and down the left side. She had been thus affected for 23 days, and attributed her complaint to cold and damp, after being heated with exercise. She had enjoyed good health, but had suffered considerable domestic anxiety, in consequence of the cares of a large family. *Present state.* Sleep disturbed—pulse 152, irregular and intermittent—heart beating with great violence, and not in consonance with the pulse at the wrist. By aid of the stethoscope, the want of regular alternation in the action of the auricles and ventricles could be perceived. The respiration was hurried, as after running. Bled from the arm to the extent of eight ounces, and an aperient mixture prescribed. 26th. No alteration for the better. The pulse could not be counted at the wrist. She was again bled to 15 ounces, by which she was relieved for a time. *February* 9. The difficulty of breathing was now great—her nights were sleepless—pulse still irregular—bowels costive. On examination with the stethoscope there was much mucous rattling (râle muqueux) at the upper part of the right lung, and a little in the left. Blister to the chest—aperient medicines. The action of the heart became more moderate, and the respiration easier. *February* 17. All the symptoms worse—anasarca of the legs in the day time. She lingered out till the 3d March, when she died.

Dissection. The right lung appeared healthy at its upper part, but the middle and lower lobes contained dark portions, with defined edges, which, when cut into, were solid. "*This alteration of structure appeared to have been produced by hæmorrhage into the substance of the lung which had caused ecchymosis around the ruptured vessel, rendering that portion solid, and thereby obliterating the air-cells.*" "A large portion of the lower lobe was also hepatized." There was about a pint and a half of serous fluid in the right cavity of the chest, with a few flakes of coagulable lymph. There was some inflammation in the pleura, especially where it is reflected over the diaphragm. In the left side there were about six ounces of water. In the lung of this side, there were some portions in the same state of disease as on the other side. The cavity of the pericardium contained about an ounce of serum. The heart was large, and both auricles and ventricles were distended with black blood. The parietes of the left ventricle were hypertrophied. The right auricle was considerably dilated. The tricuspid valve was thickened and cartilaginous—and the mitral valve was observed to be in a similar state. The semi-lunar valves of the aorta were diseased.

"The disease existing in the lungs," says Dr. Baker, "and that in the heart cannot, in my opinion, be regarded as holding any relation to each other, as cause and effect." Dr. Baker observes that the defect in the tricuspid valve would lessen the impetus of blood on the lungs, by

* Dr. Baker, Med. Phys. Journal, June 1825.

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allowing a portion of that fluid to regurgitate into the right auricle. But he takes no notice of the defect in the mitral valve, which would cause a regurgitation into the left auricle, at each ventricular contraction, and thus keep the venous system of the lungs constantly gorged. We beg to differ in opinion, therefore, from Dr. Baker, and express our belief that the valvular disease of the heart did stand in the relation of cause to the hepatization in the lungs, and to the serous effusion in the cavities of the pleura. These effects were, no doubt, greatly increased or accelerated by the exposure to cold and wet; but still, the probability is, that they would not have taken place at all, had it not been for the cardiac disease previously existing.

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*3. State of the Stomach in Phthisis.** It very generally happens that, when any one vital organ of the body is seriously affected, one or more other organs or structures become deranged, whether from sympathy, contiguity, or association of function. These secondary affections are too much neglected or overlooked by physicians, being considered as solely dependent on the primary malady, and not to be removed but through the medium of its cause. This is a mistaken notion, as attention to the secondary complaint will often signally mitigate the primary. At all events, a neglect of the former will very generally aggravate the latter. The stomach is frequently deranged in function and even in structure, this consecutive way—and especially in tubercular disease of the lungs. The object of M. Andral's paper is to demonstrate this: and not only this, but also to prove that, in the great majority of such consecutive affections of the stomach, the disease is a real phlegmasia of the chronic kind.

The frequency of gastric affections among the consumptive may be proved by the symptoms during life, and the *post mortem* examinations. During a period of five years' observation, under Lerminier, at LA CHARITÉ, our author found that three fifths of those who died of phthisis pulmonalis presented unequivocal proofs of disease of stomach. The lesions observed were as follow:—1mo. In a considerable number of instances, a vivid injection of the mucous membrane, especially about the great curvature, without any manifest alteration in the thickness or consistence of the membrane itself, and without any derangement of the subjacent tissues. This injection was confined to the capillary system, and was clearly an inflammation, and not a mechanical stasis of the blood, a cadaveric effect. 2ndo. A brownish tint of the membrane, generally with thickening of its substance and some degree of hardening. 3tio. Most frequently of all, a softening of the mucous membrane of the stomach, in various degrees, sometimes accompanied by redness, sometimes by paleness of the part. 4to. Ulceration, but this very rarely. 5to. Still more rarely an alteration of texture in the subjacent coats of the stomach, consisting of thickening, induration, or tuberculation.

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* M. Andral, Jun. Revue Medicale, Avril, 1825.

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Of these various changes, and that the most frequently observed, there is but one which can be doubted as to its inflammatory origin:—this is the *softening* of the mucous membrane—so well described by modern pathologists, especially by M. Louis. One of the most remarkable instances of this kind which our author has met with was the following:

Case. A man, aged 35 years, died in La Charité, in the course of the month of June, 1824. During the three months which he spent in the hospital before his death, he never vomited any thing; but he complained of entire want of appetite, accompanied by an habitual sense of tightness about the epigastrium, changing into actual pain on taking any solid food or even drink. Wine produced a burning sensation accompanied by nausea. On opening the body, after death, the mucous membrane of the stomach was found, as it were, in a state of *debris*—the subjacent cellular tissue appearing naked, or nearly so, from the cardia to the pylorus, being of a white colour and somewhat thickened. In some places there were small remaining patches of the mucous membrane, like little islands scattered about. There were ulcerations in the intestines—the lungs tuberculous.

It was among phthisical patients that M. Louis generally found this softened state of the gastric mucous membrane. But, asks our author, is this softening a proof of gastritis?—From an examination of the anatomical characters, and from the symptoms during life, as well as from the analogous effects of inflammation on many other structures, our author comes to the conclusion, that this appearance in the inner membrane of the stomach in phthisis pulmonalis, is the product of phlegmasia.

That this softening results from an inflammatory process, he thinks is also proved by the effects of irritants, as poisons, for example, on the stomach. In examining the stomachs of drunkards who have died at La Charité, this softening of the mucous membrane was one of the most common appearances which our author met with. M. Cruveilkeir observed a gelatinous appearance in the stomachs of children who have died after being crammed with too much and indigestible food. It is well known that inflammation has the effect of softening the cerebral mass also. One reason more may be advanced on this side of the question—namely, that in cases where dissection shewed this softening of the stomach, the effect of tonics and stimulants, before death, was always injurious, while antiphlogistics invariably mitigated the symptoms.

From all these considerations, then, our author thinks himself authorised to conclude that more than one half of those who die of tubercular consumption in our hospitals, are also affected with chronic or acute gastritis. If this be the truth, or any thing near the truth, it should operate as a caution against a too precipitate use of tonics in phthisis—a mode of treatment which seems now to be coming into fashion.

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4. *Intestinal Calculus.** A boy had been sickly from his infancy—his complaint being a purging and pain in his belly. The boy had passed his eleventh year, when Mr. Torbet was consulted. He was surprised to learn that this purging had continued for years back—the boy, during that time, having been obliged to be up two or three times in the night, and sometimes as often as every quarter of an hour, the stools being always thin and watery, sometimes yellowish, sometimes whitish. He ate little and was always thirsty. He had occasionally pain in his belly, where there was sometimes felt a hard lump. The boy was stunted in his growth, emaciated, and had a peculiar sharpness of expression in his countenance. In the right hypochondrium there was a perceptible fulness and hardness. Mr. T. was persuaded there was diseased liver or mesenteric glands, but delivered a guarded prognosis. *Light mercurials—frictions—flannels—leeches when there was acute pain.* Several months passed away without any amendment. In February, 1825, the boy was reported to be worse. Early in March our author saw him, and found much increase of emaciation—burning pain at the pit of the stomach—vomiting—great thirst. The lump was now very tangible in the right hypochondrium. Mr. T. again fortified himself in the belief that the liver was the organ affected.—He died in an hour after this interview.

Dissection. On opening the abdomen it was evident that the prognosis was wrong. The liver was sound. The ascending and transverse portions of the colon contained three concretions of unusual size, and weighing 12½ ounces. There was no thickening of the coats of the gut in the place where these calculi were lodged.

Observations. Our author appears to lay down a plan of symptoms diagnostic of "cases of this nature," from those present in the case narrated. But surely this is generalising on a very narrow foundation. The symptoms will vary much according to the portion of colon in which the concretion is lodged. As to Dr. Munro's proposal of cutting out these calculi, we can say nothing. The idea of getting into the cavity of the colon in that very limited space behind, where it is not covered by peritoneum, appears to us very chimerical. We agree with Mr. Torbet in thinking that there would be much less danger and difficulty in cutting through the abdominal parietes as near to the tumour as possible.

We cannot bring ourselves to believe that Mr. Torbet had good reason for his diagnosis. From the symptoms described, we certainly should not have concluded that the liver was the seat of the disease. An enlargement and induration of the liver, in such a tangible shape as was here presented, would have been accompanied by a very different train of symptoms, both positive and negative. The *paroxysms* of acute pain alone would have led us to suspect that some viscus was concerned where there were muscular fibres—to wit, the intestinal canal. *This*

* Mr. Torbet, Surgeon, Paisley. Ed. Journ. July, 1825. Dr. Kennedy, Med. Chir. Journal, September, 1817.

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was a *positive* symptom. The absence of all icteritious and dropsical phenomena, was no unimportant *negative* indication. But we will say no more. Mr. Torbet will not make another mistake of the same kind, now that his attention has been excited to the diagnosis, by a very pardonable failure in this most difficult branch of our art.

Dr. Duncan has added a note on the nature of the concretions found in this case. It appears reasonable to suppose, that the *debris* of certain articles of vegetable food form the basis of these concretions, the earthy constituent being a kind of crystaline deposit from the intestinal fluids upon these nuclei. Dr. Duncan thinks that an attempt to dissolve these calculi is not unworthy of consideration. From the great solubility of the earthy phosphate of which they are chiefly composed, considerable impression might probably be made on them by the mineral acids, taken by the mouth or thrown up per anum.—"The use of *oats* and oatmeal in every shape should be positively interdicted." This prohibition of *oats* may sound a little strange in the ears of John Bull; but it is sufficiently significant in

"The land of mountain and of flood."

Before quitting this subject we beg to refer the reader to a very able paper on intestinal concretions, in the Medico-Chirurgical (monthly) Journal for September, 1817, by Dr. James Kennedy, of Glasgow. In that paper, Dr. K. relates the case of a female, aged 60 years, who, for a considerable time had experienced much torpor of the bowels, with difficulty and pain in evacuating them, requiring the constant use of laxatives. In the month of May, 1816, the constipation of bowels assumed an uncommonly obstinate form, and, for some days, Dr. Kennedy's patient was harrassed with severe and frequent paroxysms of tenesmus. While straining violently in the act of evacuating the bowels, she felt an unnatural sensation within the orifice of the rectum, and hence was induced to make an examination with her fingers. She felt a hard body completely obstructing the gut, and after much difficulty, and with the assistance of another female, effected its removal. The concretion was examined by Dr. Ure. It was an inch in its largest diameter, and three quarters of an inch in the smaller. In hardness, it was about equal to that of wax, but without its tenacity. At one extremity it exhibited concentric laminæ. Its sides had the lustre and marbled appearance of Castile soap. Its internal structure was granular, approaching to crystaline, with radiations from the centre to the circumference, of brownish and bright yellow lines, possessed of pearly lustre. Its weight was 167 grains. Its odour was strong, but by no means disagreeable. It was decidedly like that of musk, or more precisely that of ambergrease. But for various interesting details respecting the chemical analysis of this curious concretion, we must refer to the Journal before-mentioned, where the reader will find a considerable body of information on the subject in general, collected with much labour, research, and discrimination by Dr. Kennedy.

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in this case, can we doubt that the inflammation had been going on for some considerable time before the hydrophobic symptoms broke forth? —We think it must have been going on long before. Hence the small chance of curing hydrophobia when the explosion has once taken place. Complete excision then is the only safeguard—but where this cannot be done, or has been neglected, we confess that we should have most confidence in a pretty long continued course of mercury, kept up to the pitch of slight ptyalism. Such state makes a great revolution in the system, and is very incompatible with any constitutional disease. It is also highly calculated to repress or prevent inflammations, especially of the specific kind.

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6. *Enlargement of the Heart.** A man, 62 years of age, came under Dr. Howison's care, on the 14th of January, 1823, complaining of uneasiness or dull pain at the lower part of the sternum, great occasional dyspnœa, especially when at stool, and aggravated at night, so that he is obliged to keep in the semi-recumbent position. He starts from his sleep, and has slight delirium at times. Countenance healthy, except a slight livor of the lips—lower extremities considerably œdematous—urine scanty and red—thirst—tongue foul—bowels costive—pulse full, and not above 30 in the minute, with irregularity. Reports that, for some months past, he has had severe palpitation of the heart. At present, it can merely be felt beating, and seems to labour in its function. He has enjoyed good health till within these three years. His complaint has rapidly increased since, by cold and fatigue, to which he had been subjected four months ago; says he has been much benefitted by digitalis, blisters, and aperients. We need not detail the treatment, which did no good. He got daily worse, and expired on the 19th of the same month.

Dissection. Lungs healthy—half a pint of water in the right side of the chest—about six ounces in the left side—pericardium appeared very vascular externally, looking as if it had been covered with powdered vermillion—no water in pericardio—*heart three times its natural size*, and very vascular, having also the vermillion-looking surface, with scattered spots, resembling purpura. The right chambers were greatly enlarged, and the margins of the valve thickened and cartilaginous. In the left side, the parietes of the ventricle were natural—the mitral valve cartilaginous. Nothing is said of the size of this cavity. The morbid appearances in the abdomen were not important. The liver, however, was enlarged, indurated, and of a pale colour.

Dr. Howison seems to think, that these morbid appearances do not account satisfactorily for the phenomena. We conceive that a heart enlarged to three times its natural size is no trifle. We have seen much less organic derangement than this produce all the symptoms abovementioned (excepting, perhaps, the remarkable slowness of the pulse)

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* Dr. Howison. Ed. Journal, July, 1825.

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and destroy life. Diuretics are the most important remedies in such cases, with constant counter-irritation over the region of the heart. Life may often be considerably prolonged in such cases by judicious treatment.

II.

Surgery.

1. *Intus-susception, Operation for.* In Hufeland's Journal, for February of the present year, there is a very interesting case narrated; and, if strictly authentic, it becomes an important document. The patient was a strong man, who, while collecting wood in the district of Olpe, felt, all at once, a dragging pain in the region of the umbilicus, which quickly augmented, and forced him to cease working. He crawled home with difficulty, and laid himself down to rest. On awaking from repose, he vomited some slime, and the pain had decreased. In the evening, he had a motion. Next day, the patient was worse, being afflicted with colicky pains, recurring every 20 or 30 minutes, with intervals of ease. *Castor oil, salts, venesection, prescribed by the parish doctor.* Temporary relief only was obtained, and the pains returned in the evening, with increased violence, and much discharge of wind. The symptoms continued much the same for the next four days, when Dr. Fuschstius was consulted. He found the patient in bed, and not then in pain. His countenance was pale, and tinged slightly yellow, with an expression of anxiety in his looks. The temperature of the body was not much increased—the abdomen was not distended nor hot to the feel—but it was sensible on pressure—pulse regular, soft, and about 60 in the minute—an induration about the angle formed by the ascending and transverse portions of the colon. This hardened spot was unequal on its surface, feeling like an uneven, distended intestine. The patient had had no stool for five days, and had vomited only once. In half an hour after Dr. F's arrival, the colick pains came on, and the patient was obliged to run up and down the room in torment. During this time, something hard, about the size of a fist, could be felt in the place abovementioned, and this spot was the chief seat of pain. The idea struck our author, that the complaint arose from mechanical obstruction. He directed the venesection to be repeated, and leeches to be applied to the part. A strict antiphlogistic plan was pursued, till the eighth day of the disease, while baths, fomentations, glysters, &c. were tried, without any good effect. The patient's strength was considerably reduced, and his spirits depressed. The part remained indurated, as before. Dr. F. become more and more convinced that there was either a volvulus, or an intus-susception of the gut, and he stated to the friends, that, without an operation, there was no hope of recovery. As the operation was not immediately consented to, Dr. F. changed his mode of treatment. He gave two or three spoonfuls of warm red oil,

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and a grain of opium every hour, for six hours consecutively. This treatment produced longer intervals from pain. Large quantities of cold water were thrown up the rectum, in a continued stream, but they quickly returned. The patient felt that the water reached the hardened part, but passed no farther. No abatement of the disease took place. On the ninth day, vomiting occurred, of matters having a bad, but not stercoraceous smell. The abdomen was now greatly distended, and the indurated part remained in the same state and place. Mercury was given in the quantity of six ounces at a time. Vomiting immediately followed the exhibition of the medicine, but no quicksilver was ejected. No passage downwards, however, was effected. The operation was, at last, consented to, and performed on the 10th day of the disease.

Operation. It was determined to open the abdomen, at the outer edge of the right rectus muscle, two inches above the level of the umbilicus. The opening was effected in the usual way, and to the extent of about two or three inches. The operator then smeared his hand with oil, and introduced it into the abdomen, in order to search for the indurated part. An attack of colick now supervened, and forced a portion of intestine through the wound, but it was immediately replaced by an assistant. On farther examination, Dr. F. discovered in the ileum a foreign substance just where the hardened part had been felt externally. He drew the intestine out, in order to examine it more minutely. The intestine was neither inflamed nor distended, but contained in its cavity a soft compact mass, which could be felt as far as he could follow the intestine. He distinctly ascertained an intus-susception, but could not reach the commencement of it, so as to bring it out. Our author determined to open the intestine itself, rather than enlarge the opening in the abdominal parietes. The gut was, therefore, incised at one end of the intus-susception, and immediately a portion of the invaginated intestine came in view. The operator introduced his finger into the opening, which was about two inches in length, and gradually pushed back the intus-suscepted part from the right to the left side, while he gently drew that part of the intestine containing the intus-susception towards him. By this procedure, he fortunately succeeded in unfolding the entangled intestine, *which amounted to two feet in length*! There was no trace of inflammation, or any of its consequences to be seen. There was a teres worm in the upper part of the invagination. No remains of the quicksilver could be found. The wound in the intestine was brought together by means of six stitches, in the form of the glover's suture, the ends of the silk thread being brought out of the wound. The integuments were next secured by the interrupted suture. The patient was then put to bed, and some broth given him. Nothing was administered to the patient for some days, but broth and gruel alternately. No colick pains occurred after the operation, and a natural stool took place on the second day. By the 14th day, the patient was completely cured, and remains well.

The foregoing operation has made a strong impression on our minds, in consequence of a melancholy and interesting case which we lately at-

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tended, in company with Dr. Richardson, Dr. Outran, Sir A. Carlisle, and Mr. Davies. The patient was a young man, who had travelled with the late Mr. Belzoni, and was possessed of extraordinary capacity for the acquisition of languages, and the facility with which he personated the characters of people of different nations. He had had a severe abdominal inflammation while in Egypt, some years ago, and since that period had been very irregular in his bowels, and subject to long-continued constipation. In the month of May last he was seized, after lifting a heavy weight, (a piece of an Egyptian statue, in Leicester Square) with pain in the abdomen, attended with obstinate constipation, which could never be overcome till death, which took place ten or twelve days from the commencement of the disease. Every means were tried, during that period, including the exhibition of quicksilver, but without the slightest good effect. Vomiting of stercoraceous matters—great distention of the abdomen—dreadful colicky pains—and all the phenomena of ileus occurred, and continued many days before death, producing altogether one of the most distressing scenes which we ever witnessed!

The body was examined by Mr. Alcock, in the presence of several medical gentlemen. The intestines, above the obstruction, were greatly distended; but there was no inflammation that could fairly account for the patient's death. A portion of ileum had got entangled under an old band or *bride*, formed probably during the illness in Egypt, and was easily drawn out; but a complete obstruction—in fact, a regular internal strangulated hernia had been the consequence. One or two trifling intus-susceptions were seen in the neighbourhood. We have not the smallest doubt, that an operation would have readily freed the intestine from this strangulation, and that the only danger would have been simply that of gastrotomy. There would have been no necessity for opening into the cavity of the intestine itself.

In respect to the German operation above described, we think it will be admitted by our surgical readers, that it would be much safer to enlarge the opening in the abdominal parietes, than, from want of room, be compelled to slit open the intestine itself. This last part of the operation is surely a fearful addition to the quantum of danger run in such a venturesome proceeding.

The records of medicine present little, if any thing, that can enlighten us on the subject of the operation in question. Our author informs us, that Nuck performed a similar operation, as recorded in Haller's Disputations. We have searched for the case, but could not find it. It is the only successful instance which he could find in the annals of medicine. If a German say so, we will search no farther. The late operations of Mr. Lizars, together with the case of Dr. F. himself, and the post mortem appearances in the case of Mrs. Belzoni's servant, will probably give more confidence to the future operator, than any thing which can be raked up from the records of antiquity.

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2. *Lithotomy.* Mr. Charles Averill has lately performed the opera-

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tion in the manner recommended by Mr. Aston Key, as described in our first number (new series) p. 206, *et seq.* A straight staff was introduced into the bladder, and an incision made in the usual manner, till the groove was exposed. The same knife was carried along the groove, in the manner directed by Mr. K. and the prostate gland divided throughout its whole extent. Then directing his nail along the groove in the staff, the operator felt his way into the bladder, till the point of his finger came against the rough surface of the stone, when he withdrew the staff, and, having used his finger as a conductor for the forceps, he withdrew it also. He seized the stone, but could not extract it, as the wound was too small. This was enlarged, by means of Sir Astley Cooper's beaked knife. The forceps being again introduced, the stone was extracted. It was of the mulberry species, and weighed one ounce and a quarter, the patient being a boy of nine years of age.

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3. *Phlegmatia Dolens.* Mr. Davies has stated a case of this affection terminating in sphacelus, and requiring amputation of the limb. Mrs. B. the mother of ten children, had her lower extremities much swelled previously to her accouchement. A tremendous hæmorrhage succeeded delivery, but ceased with the expulsion of the placenta. In four or five days, Mr. Davies took his leave. This was on the 28th of April. On the 5th of May, she again sent for Mr. Davies, and complained of much weakness and relaxation of bowels. These symptoms being removed by appropriate remedies, the patient was suddenly seized, on the 8th of May, with a most excruciating pain in the left loin and hip, which suddenly flew down into the leg and foot. The limb became instantly paralysed, from below the knee to the toes. When Mr. D. arrived, the leg and foot had lost all sensation and power of motion; it also felt cold. "The limb was not evidently swelled, but there was a good deal of tenderness in and about the ham." The pulse was from 150 to 160, and extremely feeble—the countenance was expressive of pain and misery. Laudanum was exhibited, in pretty large doses, and gave considerable relief. On the morning of the 9th, (placed the 6th in the statement) the member was a good deal swelled, and the leg and foot completely cold and insensible. On the 10th, the foot and lower part of the leg were purple. On the 11th, much the same as before. Mr. Bransby Cooper saw the patient. There were no positive proofs of sphacelus. The sulphate of quinine was ordered every four hours. Late in the evening, however, some vesicles appeared on the back of the foot, and indicated mortification at hand.

Things went on for several days, and at last a considerable sloughing took place on the lower and back part of the leg, so as to expose the tendo achillis. In consultation, it was deemed advisable to amputate. As soon as the vessels were cut across, the blood in the veins appeared coagulated. Much serum oozed from the stump, when the leg was removed. The thigh of the affected side was, at this time, nearly double the size of the other.

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When the arteries of the amputated limb were injected, the wax ran freely out at the sloughing ends of the vessels. The arteries appeared healthy above the line of demarcation. The veins were completely distended with firmly coagulated blood. Their coats were thickened, and their inner surfaces very much inflamed. The small veins were in a state similar to that of the large ones. The nerves were sound. "The morbid appearances tend to confirm the truth of Dr. Davis's views of the pathology of phlegmasia dolens." As the patient, however, has recovered, there is no means of ascertaining, at present, how far the inflammation and thickening of the veins proceeded upwards, or whether the coagulation of their contents was owing to a mechanical or vital cause.

For our own parts, we do not consider the disease as one of well-marked phlegmasia dolens at all—at least, it does not correspond with the cases which we have seen, about three or four in number. The symptoms, and the termination were very different from those usually observed in the disease under whose name it is ranked by Mr. Davies. We have no fault, however, to find with that gentleman's mode of treatment or management of a formidable affection of very anomalous character.—*Repos. June*, 1825.

P. S. Two or three days after the date of last report, Mr. D. informs us, in a subsequent No. of the Repository, that the patient was seized with a violent shivering, and nearly died in the attack. By a great quantity of stimulants, she was recruited; but another fit came on, the succeeding day, and terminated her existence. On dissection, "the femoral vein of the affected side was inflamed in the highest degree, and its coats thickened. It was full of coagulated blood. This state of the vein extended throughout the iliac into the cava, nearly as high as the diaphragm. The disease of the vein did not descend at all on the opposite side from its bifurcation. All the small veins, as far as we could perceive, of the diseased limb, were in a similar state; but we must infer that some of them were pervious, otherwise the blood could not have returned from the arteries. The inner coats of the arteries were red throughout the body."

In the same No. of the Repository, Dr. Davis relates a few particulars of a case of phlegmasia dolens, in the person of a medical gentleman. He was attacked, on the 10th of February, 1825, whilst in the last stage of phthisis, in the right thigh and leg, the affection being perfectly characteristic, says Dr. Davis, of phlegmasia dolens. "The whole limb was uniformly enlarged and extremely painful up to Poupart's ligament. It had a dull white appearance, and exhibited no indentation from pressure." On dissection, "the right common internal and external iliac veins seemed unusually prominent, and appeared to the touch, of a firm consistence like cord. Upon opening these veins, they were found to be filled with layers of coagulable lymph, so as to render them completely impervious. This state of disease was traced as far as the upper part of the femoral vein." The corresponding arteries were healthy.

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This appears to have been a very different affection from that described by Mr. Davies.

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4. *Paracentesis Thoracis.** Dr. Jackson, of Philadelphia, has lately published a case where paracentesis was performed, and where we observe several interesting pathological features. The patient was a Negro servant, who presented himself to Dr. J. labouring under inflammation of the right lung, the left being unaffected. By proper means the severity of the attack was soon subdued, but some cough still continued, and the patient being anxious to attend to his domestic duties neglected his complaint. About two months afterwards, (middle of October, 1824) he had another attack of acute pneumonia in the same side, for which he was again actively treated. On the 30th of October, he was seized with pleuritis of the *left* side. "Examination, by percussion, showed the lower portion of the thorax, on the left side, to want resonance: it returned a very flat, dull sound, like solid flesh. Above the fourth rib, it was unnaturally resonant—it sounded as though perfectly hollow. With the stethoscope, the total absence of respiration in the left lung was determined, not only in front, but under the axilla, and between the scapula and spine, except very *high up*, where it was indistinct. I could not discover hægophonism, but metallic tinkling, or a sound resembling that produced by striking a deep silver or glass vase, was very perceptible. These signs were satisfactory evidence that an effusion, both of liquid and air, had already taken place into the sac of the left pleura. From the absence of any loud sibilant rattle, I was satisfied the air was not derived from a communication with the lungs, and that the effusion did not consist of pus, proceeding from an abscess that had ruptured in the lungs, but was serum, the result of acute inflammation of the pleura." 121. It is not necessary here, to detail the treatment which was pursued, being that properly employed in pneumonia and pleurisy. By the 10th November, all the acute symptoms had subsided, and a free and copious expectoration of thick viscid mucus was established. The respiration was free—the skin soft and moist. An exploration of the left side presented no other alteration than a disappearance of the metallic tinkling. In the right lung, a mucous and slight crepitous rattle still existed. Towards the end of November, œdema of the lower extremities was observed, with hurried respiration, and breathlessness on ascending stairs. Exploration by the stethoscope discovered the following phenomena.

"At rest, the respiration was natural, but laborious and oppressive on motion—cough not very troublesome, loose, and expectoration free—decubitus perfectly easy on either side—œdema of left hand and foot—above the fourth rib, on the left side, the chest yielded, on percussion, a resonance unnaturally clear and loud—below the fourth rib, unnaturally flat and dead—on the right side, the resonance

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* Philadelphia Journal, No. 1, New Series.

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was natural, though chiller in the upper part than in the corresponding portion of the left, and clearer in the lower than in the same region of the opposite side. Examined with the stethoscope, the murmur of respiration was heard in every part of the right lung, louder than natural, and with a faint crepitous rattle—in the left lung, no respiration could be discerned in any part. From these evidences, no doubt would be entertained, but that pneumo-thorax, or an effusion of air, and a serous effusion existed in the left side, the effects of inflammation of the pleura, which had become chronic, together with irritation, or chronic inflammation of the right lung. To give greater certainty to the diagnosis, the chest was measured, and the left side ascertained to be an inch and a half larger than the right side. Succussion was also performed, when the splash of a liquid in the chest, was to be distinctly heard, even at the distance of a foot or two from the patient. The sound and motion were both very evident to the patient himself. This last phenomenon, when it occurs, is the most unequivocal mark of effusion in the thorax, but it is not present in all cases. It is only to be met with when an effusion of air, as well as serous fluid, has conjointly taken place." 122.

It is abundantly evident that, under such circumstances, an operation presented the only chance of recovery—and even *that* offered but a faint one. It was performed on the 15th of December, by Dr. Gibson, in the presence of a class of pupils, at the Alms-house Infirmary, and several other medical gentlemen. The incision was made between the sixth and seventh ribs, at the point of their greatest projection. Two quarts of clear serous fluid, containing some flocculi of coagulated fibrin, were drawn off. The only inconvenience which appeared to result during the operation, was a severe fit of coughing, from the introduction of the gum-elastic catheter. But when the fluid was drawn off, pain was complained of, and eight ounces of blood were abstracted. In the evening, there being some reaction, twelve ounces of blood were taken from the arm, and a rigid diet prescribed. Next morning, the symptoms were relieved—the respiration was no longer embarrassed—no sense of suffocation—pain nearly gone. Diuretics and cupping were prescribed, and, under this treatment, the symptoms gradually subsided, excepting the cough, which still continued troublesome, and the sputa evinced a suspicious character.

"On the 5th of January, the following was ascertained to be the state of the chest. Left side, resonant throughout its whole extent; the incision had united by first intention, but had not cicatrized; no respiratory murmur was to be distinguished, in any part. Right side, natural resonance on percussion, except the lower portion, where it was, in a slight degree, flatter than natural; respiration puerile, or louder than is usual in adults, crepitous rattle, and, occasionally, mucous rattle in superior and middle lobe; respiration fainter in lower lobe. The left side was a quarter of an inch smaller than the right, and the left shoulder two inches lower than the opposite.

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"From these circumstances, the following conclusions were drawn. 1st. No serous effusion had again occurred on the left side. 2d. The left lung had not expanded, but remained compressed, by the air contained in the pleura, or from a change in structure. 3d. Irritation, and sub-inflammation of mucous membrane of bronchiæ, and of the parenchyma of right lung existed, which, from its obstinacy, it might be apprehended, was maintained by the development of tubercles, and consequently, that symptoms of phthisis pulmonalis would soon make their appearance. 4th. That the lower lobe of the right lung was *more* congested than the upper, or that a slight effusion existed in right pleura. Ungt. antimon. tart. was directed to both sides of the chest, and strict regimen." 125.

By the 16th of January, the pain had become permanent, and the respiration embarrassed. The *left* side was now found to return a dull dead sound, on percussion, below the fourth rib—a clear and hollow sound above. The right side was less resonant than natural in its lower portion, where acute pain was also felt. On succussion, the splash of a fluid was again audible. From this time till the 10th of February, the symptoms fluctuated much. On the latter date, during a violent paroxysm of coughing, the wound in the left side, which had not completely cicatrized, burst open, with an explosion, and gave *vent to* a considerable quantity of clear serum, containing coagulated flocculi. The discharge gave relief to the feelings of oppression. The right side of the chest gradually lost its resonance, "indicating the progress of tuberculous degeneration"—œdema of the face and extremities supervened—hectic fever commenced—pectoriloquism was detected in the upper lobe of the right lung—hæmoptysis ensued, and death took place on the 19th March.

"The morning of 20th, the body was examined by Dr. Gwinner, the resident house physician, and myself, when the following were the appearances observed. Emaciation almost complete; infiltration universal. On raising the sternum, the right lung did not collapse; the left side of the thorax presented a cavity. The right pleura was reddened with vessels, where lining the diaphragm, a few adhesions existed, and about a gill of effused serum. The lung felt solid. When laid open, numerous tubercles were displayed, some immature, others softened, and some were evacuated, leaving cavities. In the upper lobe, where pectoriloquism had been detected, was a cavity, which could have contained a walnut. In the centre of the lower lobe was another cavity still larger. The whole lung was infiltrated with serous mucus, and purulent fluid.

"The left lung was compressed against the mediastinum, and not more than a fourth of its natural volume. It contained a few tubercles, none in a state of suppuration, and no cavity. It was rendered solid by the long compression it had undergone, but not disorganised nor changed in structure. The pleura pulmonalis was covered with a thick coating of coagulated fibrin. The pleura had generally a similar

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coat, but not as thick; that covering the diaphragm, was of a deeper red, and tuberculated." 126.

It is evident that the condition of the lungs rendered an operation hopeless in this case; but it is highly probable, that had there been no tubercular tendency, the evacuation of the fluid might have afforded a considerable chance of recovery. The case, therefore, is not calculated to deter from a similar operation in future, and especially under more favourable circumstances.—*Editor.*

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5. *Extirpation of the Tonsils.* Mr. Pettigrew has lately cut out both tonsils from the throat of a young girl twelve years of age. They had been enlarging from youth—and now were in contact, from their size, threatening suffocation. She had a strong nasal twang in her speech—was unable to swallow solid substances—and could only take fluid nutriment in small quantities. Iodine, internally and externally, was tried, but in vain. The knife was preferred to the ligature, and was thus used.

The patient was seated on a chair before the operator, her head firmly held by an assistant, and her tongue pressed down by a spoon. Mr. P. then planted a hook into the left tonsil, and drew it gently forward—then carrying a very fine probe-pointed bistoury to the back of the gland, he immediately cut it out. A violent hæmorrhage succeeded, but soon subsided. The other tonsil was then treated in the same manner. The surfaces whence the glands were removed, healed in a few days, and the little patient was relieved from the great inconvenience which she had so long suffered. The bistoury, Mr. Pettigrew thinks, is a much more safe and convenient instrument than the knife—and liable to no objection. "The operation I have recommended," says he, "is so exceedingly simple—so easy of performance—and so free from any dangerous result that I flatter myself it will be considered as an improvement in surgery." We would only observe that this operation is not new. Cooper traces the hook and bistoury to the time of Galen, as the then instruments for removing enlarged tonsils. The scalpel is that which is now used, but probably Galen's plan revived by Mr. Pettigrew, will be found the best. —*Med. Repos. May*, 1825.

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6. *Treatment of Incised Wounds.** English surgeons pride themselves over those of France, in respect to the means of procuring adhesion by the first intention. Yet Mr. Symes apprehends that "our practice still continues to be tinctured with much superstition and barbarism." Every incised wound, he remarks, after being dressed according to the surgeon's fancy, is bound up with a long bandage tightly and curiously turned. And, although the patient soon complains of heat, pain, and oppression, all his intercessions for relief are of no avail. The bandage must not be disturbed till the fourth day, when the long-

* Mr. James Symes. Ed. Journal, July, 1825.

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wished for, and much-dreaded dressing is to take place. Our author avers, that the object sought (adhesion by the first intention) is rarely obtained. When plasters and bandages are removed, "a gush of fetid pus for the most part" puts an end to the anticipations of union by the first intention. "Indeed," says Mr. S. "the French practice is much more prudent than our own: for, laying their account with the formation of pus, they provide a drain for its discharge, and thus prevent the formation of those artificial, and frequently extensive abscesses which so often result from injudicious attempts to obtain adhesion by the first intention." Our author seems confident that, in this description, he has not made matters worse than they really are. If *he* has not—we think the *students* have, in the following passage. "Many students have assured me that, in the whole course of their hospital attendance, they never saw an instance of union by the first intention—except in cases of cancer, harelip, or venesection." If this be the case in the hospitals of the North, the air wants purifying—or the art itself is defective. Numerous instances of union by the first intention may be seen in the hospitals of this country.

Adhesive plaster, he thinks, is the great enemy to adhesion, and as this was not invented in the time of Taliacotius, union by the first intention was more frequent then than now. The following are the plans recommended by Mr. Symes, and they are submitted to the judgment of the surgical reader.

"It is not necessary for the prevention of adhesion, that *blood* should be effused, since the uniting action is always, for the first day and part at least of the second, attended with copious discharge of thin serous matter, which acts quite as effectually in preventing the surfaces from adhering, that is to say, if they be of any considerable extent; for in very small wounds primary union happens, do what we will to oppose it.

"This copious and continued discharge of serous fluid, during the adhesive process, is what I am most anxious to impress upon the reader; for if it be kept in mind, there can be little difficulty in perceiving why the sealing up of wounds should be the most certain means of keeping them open, or in determining as to the best means for conducing to a different result.

"It is plain, that in the first instance no effort should be made to close the orifice completely—that pressure should be directed to the bottom rather than the outlet of the wound—that blood should not be allowed to crust over the lips—for though blood may be the best, that is the least hurtful balsam, I have often known it confine the serous discharges, and so prevent union—and that the orifice should be wiped and kept dry as long as it exudes any moisture.

"For fulfilling these indications, I would recommend, in the first place, that when means are required for keeping the cut edges in contact, stitches should be preferred to adhesive plaster, since their effect is exerted at considerable depth, while they offer little or no resistance to the exit of fluid. Some surgeons employ stitches and plasters together, but

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this plan I dislike; for plasters, acting only on the surface, always tend powerfully to close the lips, or even turn them inwards, while they not only effect no deep pressure, but even render the parts concerned more loose and disposed for the formation of sinuses; and stitches, if put in close enough, may always be rendered equivalent to the requisite contraction. It may be noticed, however, that a little gaping of the edges is by no means hurtful in the first instance, since it ensures a thorough discharge, and is rectified as soon as adhesion begins.

"Secondly, I would advise the disuse of all long, complicated bandages, which cannot be tightened or slackened in part, and removed without disturbing the patient.

"Compresses having been laid along the sides of the wound, it will be easy to effect pressure by very simple means, independently of long circular rollers. For instance, in wounds of the trunk, what can be more powerful or manageable than a broad piece of linen, but long enough to cross a little over the breast, and having its two ends torn longitudinally into three or four portions, and one of which may be tightened or slackened as occasion requires, while the whole may be thrown back at a moment's notice?

"For wounds of the extremities, a similar bandage, on a smaller scale, will answer equally well; and as for stumps, I beg to recommend a very simple contrivance, that has often saved me much trouble. A roller having been put on as usual, from above downwards, until it has come within a few inches of the stump, it should be fastened away; and then a few narrow strips of cloth being pinned or otherwise attached on each side, nothing remains to be done but tying them to each other across the face of the stump.

"Lastly, I would advise that the surgeon should apply dry caddis over the wound, as often as the least moisture is perceived.

"If these directions be observed, I feel satisfied, from my own experience, that union by the first intention will become an ordinary occurrence. And of how much consequence this is in all cases of wounds, but particularly in such as are complicated with fracture of bones, surgeons need not be told by me."

We believe there is some truth (as well as some caricature) in Mr. Symes's criticisms on the general mode of managing incised wounds—and that some benefit may be derived from the plan which he recommends in the foregoing extract.

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7. *Perforations of the Soft Palate.** It appears that, till very lately, perforations of the velum pendulum palati, have seldom been remedied by artificial means. Yet they are very distressing accidents, not only as affecting the voice, but the power of deglutition. We, this day, (7th July) saw a fine young woman, whose *vel. pend. pal.* has been perforated by an ulcer, leaving an oblong opening which permits the egress of

* Mr. Allan. Ed Journal, July, 1825.

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fluid and soft substances through the nose, when she attempts to swallow. The case narrated by Mr. Allan we have seen—and the simple remedy contrived by him appears to answer the purpose, at least for the present. The patient is a widow, 31 years of age, who applied to our author on the 1st July, 1824, to relieve her from a substance that was sticking in the œsophagus, which she described as a thin plate of silver, with a piece of sponge attached to it, and which had been adapted a few days previously with the view of closing an opening in the *vel. pend. palat.*, the consequence of an ulcer. The form of the aperture approached that of a triangle, the basé being a quarter of an inch *in* length, and parallel to the margin of the velum. At this time the edges of the aperture were swelled and excoriated from the instrument applied.

Mr. A. first attempted to close the aperture by suture, having pared the edges for that purpose. A partial success was the consequence. Another suture was therefore passed, but it cut its way out, and did no good. A third attempt was made, and with equal want of success. The aperture now remained nearly of a circular form. Mr. Weiss next furnished our author with a stopper composed of two flat circular slices of India rubber, connected together by a neck of the same material, attached at either end to the centres of the circular pieces. The instrument then resembled an old-fashioned stud sleeve-button. The *several* parts, however, soon separated from the action of the saliva in the mouth. Our author then joined three pieces of the same material by means of a silk thread. The central piece sufficient to fill the aperture and the two other pieces overlapping the central one about the eighth of an inch all round, so that "when once one end was pinched up and introduced through the opening, it expanded behind the velum, and there was no probability of the instrument being displaced by any motion of the part." But the threads gave way, and then Mr. Allan shaped a new instrument, of the form last described, out of solid India rubber, making the overlapping parts convex towards each other, or where they are in contact with the velum, by which means irritation by friction was obviated. This apparatus had been in three weeks, at the date of report, and answered the purpose effectually.

Mr. Allan suggests a similar contrivance for defects in the bony palate. Mr. Weiss, it appears, has furnished a person labouring under such defect with one of these, and reports that it answers the purpose well.

There is one objection, however, to the obturator for the soft palate, and it is an important one, namely, that the perforation is likely to get larger by its use—a fact which we have reason to know. Again, we believe we may confidently state that these perforations have a constant tendency to diminish, when not prevented, and that the greater number of them, in time, become almost obliterated. This circumstance would induce us to recommend patience under the inconvenience, till the natural cure has a chance of being effected.—*Rev.*

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8. *Sympathetic irritation of Urethra.** It is well known that irritation in the rectum, as piles, for instance, will produce sympathetic irritation of the bladder or urethra. But this knowledge is often overlooked in practice, and treatment is directed to the branches instead of the root of the disease. A case in point has lately been published in our cotemporary, by Mr. White of Bath, whose attention has long been directed to affections of the rectum in particular.

In September last, a merchant captain, 46 years of age, complained to Mr. W. that he had been afflicted upwards of two years with violent spasms of the urethra, accompanied by considerable difficulty in making water. He had been sounded, but no stone was discoverable in the bladder. One metropolitan surgeon prescribed opium, and considered the disease irritability of the urethra—another passed a bougie, and pronounced the existence of stricture. No abatement of the complaint occurred. During a sea voyage the symptoms became aggravated. On returning to Bristol, a surgeon there examined the rectum, and found a stricture in that canal. Coming to Bath, he consulted Mr. White who, on introducing a bougie, found the rectum extremely irritable and much contracted. There were two strictures—one about four inches from the extremity of the gut—the other seven or eight inches high, which hardly permitted the passage of a seventh-sized bougie. His general health was good; but his bowels had been obstinately constipated for several years, seldom having an evacuation oftener than once in three or four days. He rarely passed a figured motion, and when he did so, it was very small and flat. After every alvine evacuation the spasms of the urethra came on, though not nearly so severe as during and after making water. During the day he felt very frequent desire to urine, discharging only a very small quantity at the time. Sometimes these spasms were so severe that he was obliged to sit the greater part of the night with a *pot de chambre* between his legs, occasionally passing a few drops of urine, which were sometimes followed by drops of blood. He was directed to take some castor oil every night, and the rectum bougie was regularly persevered in, gradually increasing its size. In about three months the patient was able to pass the largest sized bougie himself, and he left Bath in a very comfortable state, having obtained considerable relief, which he had previously sought in vain.

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9. *Tracheotomy in diseased Larynx.*† A man, 36 years of age, suffered for several months, in the year 1820, with ulcerated sore throat, supposed to be syphilitic, and which was healed by nitric acid and small doses of mercury. The ulceration occasionally returned, and was removed by the same remedies. Latterly the membrane of the larynx had been frequently affected with inflammation, giving rise to hoarse-

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* Mr. White, of Bath. Med. and Phys. Journ. July, 1825.

† Mr. Goodeve, Surgeon to the Clifton Dispensary. London Med. Journal, July, 1825.

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ness and some difficulty of breathing. At one period there was acute inflammation about the cricoid cartilage, which was relieved by leeching and blistering. Under pil. hyd. and decoctum sarsæ, he seemed to get well; but he became subject to violent paroxysms of suffocation, in one of which he seemed at the point of death, when a piece of bone was expelled through the glottis with great force. It appeared to have come from the triangular bone of the sternum, where there had been swelling and inflammation some time previously. After this, his voice and respiration improved. Fumigations of cinnabar and a course of the blue pill set his health up once more. But afterwards the paroxysms of dyspnœa returned, and became gradually more aggravated. In fact, the disease of the larynx gained ground, and our author began to foresee that tracheotomy would be the ultimate resource. Early on the morning of September the 25th, Mr. G. was summoned to his patient, who was reported to be dying. On arriving, he found him somewhat recovered from the severest paroxysm he had ever experienced; but still his breathing was laborious and difficult. Venesection had afforded relief. Mr. G. not being provided with a canula, was obliged to put off the operation till 3 in the afternoon, when he found his patient supported in a chair and quite insensible. No pulse could be felt at the wrist, and it was hard to say whether he breathed or not. His face was suffused with blood, and his lips livid. The trachea was instantly laid open by a longitudinal incision, and a circular piece, half an inch in diameter, was cut out by means of a scalpel. The air rushed in, and the patient's breathing quickly improved. After 20 minutes a canula was introduced, and caused much irritation at first, with a convulsive cough, which expelled much bloody mucus. This irritation became less and less, as the repetitions of the introduction took place. And in an hour he could bear the canula very well. This tube he wore more than six months, without inconvenience; he was then able to lay it aside, and his voice was quite restored. This is the second instance of a tube being long worn in the trachea. Mr. Price, of Portsea, has now worn a tube about ten years, and breathes almost entirely through it. He enjoys good health.

We expect to see the day when the operation will be often performed in ulcerations of the larynx, so as to give the said ulcerations time to heal, and the cartilages to exfoliate. We have no doubt that many cases of laryngeal phthisis might be saved by this operation. Ulcerations of the larynx would heal, when the parts were quiet and no air passing, which would otherwise go on from bad to worse, and destroy the patient's life.

P. S.—We understand that Mr. Carmichael has lately performed trachcotomy successfully, in a case of venereal ulceration of the larynx, where the patient was pronounced beyond all hope of life.

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10. *Treatment of Ganglion.** Dr. Cumin, surgeon to the Lock Hospital, Glasgow, proposes an operation for ganglion, in some respects novel. The more usual method is to rupture the sac by a blow of a book or other solid body. But this, Dr. C. thinks is a clumsy and unsurgical proceeding. Our author's method is to draw the skin to one side, and then, by pushing in a cataract needle obliquely, to slit the sac of the ganglion freely. The skin is then to be brought to its natural position, forming a kind of valve, and the contents of the ganglion to be squeezed out into the adjacent cellular tissue. Pressure is to be applied; and when the fluid accumulates, it is again to be pressed out, and so on, till the secretion ceases altogether. A case is related in illustration, and our author informs us that he has since treated several others in the same way.

A nearly similar method is described by Jourdan. He directs the skin to be drawn to one side, and the cyst to be divided with the point of a lancet. The contents are to be squeezed out, and the skin to be brought to its natural site, so as to form a valve. Pressure is then to be made, and the operation to be repeated, if necessary.†—The only difference between these two surgeons consists in the form of the instrument and the disposal of the fluid. Dr. C. squeezes it into the surrounding cellular tissue—Jourdan squeezes it out altogether. Now as the wound is made on the same principle in both cases—namely, in a valvular way—we conceive that the fluid, in the first instance, might just as well be squeezed out, if it will come out easily, as into the cellular membrane in the vicinity of the ganglion. The two plans, however, are so nearly alike in principle, that it is not worth while to discuss the superiority of one over the other.

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11. *Amputation at the Hip.* This terrible operation has been performed, not long since, by Professor Walther, of the University of Bonn, on the Rhine. The subject was a peasant, 21 years of age, who, for six or seven years, had been harrassed with ill-conditioned abscesses in the thigh, by which his constitution was much deteriorated. In this state, a cart wheel passed over the diseased member, and broke the femur in two places, splintering the bone, &c. Having no regular surgical assistance, the whole thigh became a mass of disease.—Hectic fever, night sweats, and colliquative diarrhœa came on—and in this deplorable condition he was carried to the Surgical Hospital of Bonn. Every attention was paid to the unfortunate patient, but no improvement had taken place at the end of six days, except the reduction of pain, and the removal of some splinters. After some hesitation on the part of the surgeon, it was determined to amputate at the hip-joint, as the only means of saving the patient's life.

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* Dr. Cumin. Ed. Journal, July, 1825.

† See Article Ganglion in the DICTIONNAIRE DES SCIENCES MEDICALES, tom. xvii. page. 313.

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The patient being placed in the usual position, an assistant compressed the artery as it passes over the pubis. Professor Walther then grasped a mass of the integuments, &c. on the outer side of the hip-joint, and thrust a double edged and long pointed knife three inches below the anterior superior spine of the ilium, perpendicularly through the skin, fascia, and tensor vaginæ femoris, down to the neck of the femur. The knife was then directed round the bone, in a direction outwards and backwards, and its point pushed out three inches or better behind the great trochanter, the point and handle of the knife being now nearly parallel, or forming a line at right angles with the thigh bone. The edge of the knife was next directed somewhat upwards, in order to clear the trochanter, and then downwards along the outer side of that process and the upper part of the femur itself, bringing it out about two inches below the base of the great trochanter, thus forming the first flap of the operation, bearing an oval shape, and consisting of integuments, fascia, tensor vaginæ muscle, and portions of the gluteus maximus and medius. No vessels requiring the ligature were divided in this part of the process. Indeed, Professor Walther observes, that if this flap be made in the dead injected limb, the only vessels divided will be branches from the external circumflex artery of the thigh—the femoral artery and vein being full an inch from the anterior edge of the *flap, whilst* the ischiatic artery and nerve will be found close to, but not *involved in*, the posterior part of the wound.

The first flap being raised, and turned back by an assistant, then the capsule of the joint became exposed at the angle of the wound. This was easily opened by a bistoury, and the head of the bone was then disarticulated, by carrying the limb horizontally inwards, until it formed a right angle with the body, at the same time turning the member so that the toes and front of the knee were directed upwards. This last manœuvre is considered of much consequence by the operator, as greatly facilitating the disarticulation. The ligamentum teres being rendered tense in the above position, was cut by means of a small knife carried into the joint. A single-edged amputating knife was now passed into the joint, behind the head of the femur, while the assistants gradually changed the position of the limb from a state of adduction to a nearly extended one:—the introduction of the knife and the change of position in the member being simultaneous, and proceeding *pari passu*. The knife was now carried along the inner side of the femur for a space of two inches, avoiding contact with the little trochanter, by slightly raising the edge of the instrument. By this process the great muscles were separated from the bone, the femoral and even the ischiatic vessels as yet remaining intact. An assistant now placing both thumbs in the wound, close to the almost liberated femur, grasped with the remaining four fingers of each hand, the isthmus of soft parts at the inner and upper part of the thigh, thus preventing the flow of blood through the great vessels. The amputation knife being now two inches below the trochanter minor, was directed obliquely downwards and inwards, incising successively the muscles, vessels, nerves, and skin. This

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part of the operation appears to Professor Walther as the easiest to the operator, though the most painful to the patient. The next step was, obviously enough, to tie the vessels with all expedition. This was easily effected, without more loss of blood than in a common amputation. The femoral artery, the profunda, the femoral vein, the obturator artery, the external circumflex, the ischiatic, and six smaller vessels were tied. The ligatures were cut off close to the knot. The flaps admitted of coaptation without any violence, the surfaces mutually covering each other, and the edges of the flaps coming into nearly uniform contact. Adhesive straps and the usual dressings completed the operation, which the patient bore well. In the afternoon of the same day he had a rigor, which was removed by warm wine and ether. In the night he had some hours of broken sleep, and did not complain in the morning of any particular pain. The dressings were soaked through by a copious watery secretion. The diarrhœa had now ceased since the operation, and the profuse perspiration had diminished. His spirits were good, and the vital functions little disturbed. On the fourth day the dressings were removed, and the inner flap was found somewhat retracted, the wound gaping a little. Incipient union, however, was visible at the angles. Appearances improved during the fifth and sixth days—laudable pus and healthy granulations having appeared.

Unfortunately a gangrenous ulcer which the patient had on the sacrum previous to the operation, now disturbed the progress of the cure. A new accession of fever, with rigors and low delirium set in, and produced great anxiety in the minds of the medical attendants. He died tranquilly on the morning of the eleventh day.

On dissection, all the organs of the chest and abdomen were found perfectly sound. There was no unhealthy appearance on the surface of the wound beyond what might be expected from the changes *post mortem*. In the arteries, the usual plugs of lymph were found behind the ligatures, and the same in the femoral vein, but no inflammation of its inner surface. The German Professor offers some critical remarks on the modes of operating at the hip-joint recommended by Larrey, Guthrie and others, drawing a parallel naturally enough in favour of his own.

This criticism, however, on Mr. Guthrie's method of operating, is, to say the least of it, so unfounded, that it leads us to suspect the Professor never read his work, but has reasoned from report. There is no objection made against Mr. Guthrie's operation that does not more forcibly apply to his own, in corroboration of which assertion, we confidently refer the surgical reader to the operation as performed by Mr. Guthrie on Francois de Gay* after the battle of Waterloo, and who is now living in the *Hotel des Invalides* at Paris.

The operation will be best performed in the following manner:—The patient should be laid on a low table or two field panniers placed to-

* See Guthrie on gun-shot wounds and on amputation of the hip-joint, &c. &c. page 332.

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gether, covered with a folded blanket to prevent the edges giving pain, and properly supported in a horizontal position—an assistant, standing on the opposite side and leaning over, should compress the artery against the brim of the pelvis, with a firm hard compress of linen, such as is generally used before the tourniquet; he should also be able to do it with his thumb behind the compress, if it be found insufficient. The surgeon, standing on the inside, with a strong-pointed amputating knife, of a middle size, makes his first incision through the skin, cellular membrane, and fascia, so as to mark out the flaps on each side, commencing about four finger's breadth, and in a direct line below the anterior superior spinous process of the ilium in a well-sized man; and continuing it round in a slanting direction, at an almost equal distance from the tuberosity of the ischium, nearly opposite to the place where the incision commenced. Bringing the knife to the outside of the thigh, he connects the point of the incision where he left off with the place of commencement, by a gently curved line, by which means the outer incision is not in extent more than one third of the size of the internal one. The integuments having retracted, the glutæus maximus is to be cut from its insertion in the linea aspera, and the tendons of the glutæus medius and minimus from the top of the trochanter major. The surgeon now, placing the edge of the knife on the line of the retracted muscles of the first incision, cuts steadily through the whole of the others, blood-vessels, &c. on the inside of the thigh. The artery and vein, or two arteries and a vein, if the profunda is given off high up, are to be taken between the fingers and thumb of the left hand, until the surgeon can draw each vessel out with the tenaculum, and place a ligature upon it. Whilst this is doing, the assistants should press with their fingers on any small vessels that bleed. The surgeon then cuts through the small muscles running to be inserted between the trochanters, and those on the under part of the thigh, not yet divided; and, with a large scalpel, opens into the capsular ligament, the bone being strongly moved outwards, by which its round head puts the ligament on the stretch. Having extensively divided it on the fore part and inside, the ligamentum teres may now be readily cut through—the head of the bone is then easily dislocated, and two or three strokes of the knife separate any attachment the thigh may still have to the pelvis. The vessels are now carefully to be secured. The capsular ligament, and as much of the ligamentous edge of the acetabulum ought to be removed as can readily be taken away. The nerves, if long, are to be cut short—the wound well sponged with cold water, and the integuments brought together in a line from the spinous process of the ilium to the tuberosity of the ischium. Three sutures will, in general, be required, in addition to the straps of adhesive plaster, to keep the parts together; the ligatures are to be brought out in a direct line between the sutures, a little lint and some compresses are to be placed over the wound and on the under flap, to keep it in contact with the cotyloid cavity, and assist the union of the parts—a piece of fine linen is to be laid over them, and the whole retained by a calico bandage, put round the waist and brought over the wound.

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It is recommended to pare the cartilage from the bone; and if this could be readily done, we would agree to it, but the cartilaginous surface, of the acetabulum is not to be cut away without much difficulty and some time, which cannot be spared; for we consider the success of the operation to depend very much upon the quickness with which it is performed, not on account of hæmorrhage, but to avoid the shock the constitution receives from the continued exposure and irritation of so large a surface in the immediate vicinity of the trunk of the body. It is proved, by experience, to be unnecessary at the shoulder-joint, and will, we think, be found equally so at the hip.

Union by the first intention is to be wished for in a great degree, as lessening the surface of the wound; but as all the parts beneath the skin cannot unite, and especially about the acetabulum and the inside of the glutæus muscle, it is not advisable to let the skin adhere on the middle and lower part of the stump; for, as the parts deep-seated must suppurate and granulate, a fair opening for the discharge should be preserved, and collections of matter in any part should be carefully guarded against by gentle pressure, compress and bandage.

In Mr. Guthrie's successful case, the particulars of which have been already referred to, the situation of the posterior shot-hole prevented, in a great measure, the inconvenience likely to arise from any retention of matter; it became necessary, however, to make an opening at this part during the cure, and, from a due consideration of all these circumstances, he now recommends that an opening should be made through the outer flap at the period of operating, immediately below the acetabulum, into which a piece of lint should be introduced until suppuration is duly established, when it may be readily kept open until all fear of the collection of matter has subsided or been removed. If it should collect although every precaution be taken to prevent it, an opening should be made at a dependent part with as little delay as possible.

By comparing these two methods, it will be perceived that Professor Walther's outer flap is a direct imitation of Mr. Guthrie's, with the disadvantage of being larger, deeper, and more liable to give rise to hæmorrhage. Mr. Guthrie's external flap being a division *solely* of the integuments, and the insertion of the glutei muscles, for the purpose of connecting the extremities of the first incision and of facilitating the disarticulation of the bone. In regard to the vessels, we do not consider it necessary to place ligatures on any of them, except the femoral artery and the profunda, until the limb is separated from the body, and on these only, if the compression should be imperfect, and we do not think Professor Walther's reasoning in favour of disarticulating the bone from the outside before making the inner flap in any way satisfactory. On the contrary, it appears to us to render the operation much more complicated and not less dangerous. We also differ with Professor Walther as to the propriety or necessity of performing the operation in this case; for, as dissection proved the head, the cervix, and the trochanter major and minor of the bone to be sound, a simple flap or common amputation sawing through the great trochanter would have been sufficient.

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12. *Herpes Genitalis.* Herpes genitalis is a common affection. Simple in itself, of an herpetic nature, and, therefore, pursuing a determinate course, it is easily understood; but, if misconceived or mismanaged, or thought to be syphilitic, and treated as such, the consequences may embitter existence. This is the first attempt to name and class the affection. Royston and Bateman have written on præputial herpes, without intimating that it takes a wider range.

Herpes genitalis is assumed as a generic term, and implies a slight and circumscribed inflammatory affection of the male genitals, proceeding to ulceration, advancing regularly towards a cure, and without leaving a cicatrix. There are three species, viz.—1. *Herpes præputii;* 2. *Herpes glandis;* 3. *Herpes scroti.*

1. *Herpes Præputii.* This species presents two varieties—1*st.* *Herpes præputii interni*—2*nd.* *Herpes præputii externi.*

1. *Herpes Præputii Interni.* Heat and itching are experienced under the præpuce, and, upon examination, a reddish and elevated spot of the size of a silver penny, or larger, is visible. In a few hours, according to the severity of the attack, which is various indeed, three, four, or more, watery points are apparent. Next day, these points coalesce, and constitute an ulcer, which is rather painful, and exhibits a whitish surface. Under judicious management, the heat and other unpleasant sensations cease, the ulcer becomes clean and red, and soon heals. The time of cure vacillates between three, seven, twelve, or twenty days, or even longer; for, in severe cases, the præpuce is considerably tumefied, and the heat and pain distressing. *Ceratum calaminæ*, spread on lint, imparts immediate ease, and always succeeds. No medicine is needed, and he that employs dry lint, or any other application, will repent his rashness.

2. *Herpes Præputii Externi.* The stages of this are less obvious, because external, and irritated by the shirt. By mismanagement, it often degenerates into a troublesome ulcer, which may be, and has been, mistaken for a chancre. No treatment is required. If irritation be guarded against, the discharge forms an incrustation, and, if left to itself, this incrustation will slowly separate, and leave the subjacent part healed. If this salutary incrustation be prevented, great mischief ensues, and the ulcer extends, creating doubt and anxiety.

3. *Herpes Glandis.* Here the affection is more irritable, and the ulcer proportionably obstinate. The cure is longer, yet *ceratum calaminæ* on lint is the only proper application, since every other is injurious.

3. *Herpes Scroti.* Herpes scroti begins at the lower part, and near the rapha. There are heat and itching, and slight induration is felt. If any application be made, it becomes a tedious and annoying ulcer. No

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means are to be adopted: an incrustation will arise, which will gradually crumble, and the part underneath will be sound.

For every species or variety of herpes genitalis, medicine is unnecessary; and the exciting cause of it is irritability of the urethra. The foregoing observations are the result of an experience of fifteen years, on several hundred cases.

——— "quæque ipse miserrima vidi,
"Et quorum pars magna fui." AMICUS.

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13. *Idiotism of many Years Continuance, cured by the Extirpation of the Clitoris.** The following case was communicated to the Journal just named, by a physician now practising at Berlin, and, although he has not allowed his name to appear, Professor GRAEFE states, in a note, that he is perfectly satisfied with the authority on which the case is presented to the public, and pledges himself as to its correctness. The family of the patient is very respectable, and now resides at Potsdam, near Berlin. The early history of the case was obtained principally from the young lady's mother, and is, in substance, as follows:—

"A. D. was born in 1807, and was, at the time of birth, a very healthy and well-formed child. It was soon committed to the care of a very healthy nurse, with whom it thrived well, was active and cheerful. Nothing particular occurred until the child was about fourteen months old, when it was seized with a violent diarrhœa, in consequence of being allowed to remain with the nurse, who had an attack of fever, and owing to the improper treatment of the practitioner, this complaint continued, more or less alternating with constipation, for eight months. The child was exceedingly weakened, and remained so for a long time, so that it was not until the fourth year that it was able to walk. The development of intellect, at this period, was observed by the mother to be somewhat restricted, and, soon after this time, it was supposed, by the latter, that the disease began. At this period, also, the appetite was very voracious, whilst the greatest aversion was shown to fluids of all kinds. In the year 1812, Dr. Bremer was consulted, who imagined that the disturbed state of the mental and physical powers was owing to the irritation of worms in the alimentary canal, anthelmintics were prescribed, and some worms discharged, but the state of the little patient remained just as before. Professors Wolfars and Horn were consulted in 1816, and Dr. Becker of Leipzig in 1818, who, after having tried electricity, alterative medicines, lotions, and injections of various kinds, gave up the case as incurable."

This little unfortunate had now reached its tenth year, and the marks of an impaired state of intellect, which had begun to shew themselves at four, had in no measure diminished, but, on the contrary, increased. The child could not recognize its parents, brothers, or sisters, and if any toys were given to it, they would be immediately destroyed. She

* Graefe's and Walther's Journal der Chirurgie. Subenter Band, Erstes Neft.

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would sit for a considerable time in a corner of the room, with her elbows resting on her knees, and her fingers in her ears, with her eyes closed, and the saliva flowing from her half-open mouth: at other times, she was very restless, and, occasionally, very noisy and obstreperous, seizing any thing she could lay her hands on, and throwing it out of the window; her taste was, also, very imperfect, and she would eat what to others was very unpalatable food, with the greatest relish. Her speech was so impaired that she could not make herself intelligible, the stools and urine were passed involuntarily, and the things which ordinarily engage the attention of children remained by her unnoticed. Music appeared to interest her a little, and she could distinguish the different sounds; the sleep was as much as is usual, but never continued long at a time. During the years 1820 and 1821, the patient was placed under the care of Dr. N———, who took a new view of the case, and considered that there must be some cause which had not yet been discovered. By an attentive examination and observation, he ascertained that the patient was addicted to a disgusting and solitary vice, and this increased afterwards to such a height that she scarcely abstained from it in the presence of the other sex. The opinions which influenced Dr. N. in the treatment of the case were principally these—he considered that the practice alluded to very much tended *to maintain* the state of imbecility of the patient: that the excitement of the *mental* energy by powerful contra-stimulation, would be likely to restrain such a practice, and that the diet should be strictly regulated. Mechanical restraints were used, in order that she might not be able to indulge in such a practice, and, during the day time, an apparatus was contrived, which caused great pain whenever she attempted to skulk away in the corner, as before mentioned: camphor was also given, in small and large doses, for a considerable time, which somewhat diminished her vicious propensity; but, notwithstanding every possible attention, she sought every opportunity of eluding the watchfulness of her keepers. Finding this still to be the case, it was agreed, after consultation with Professor Rust, that powerful counter-irritation should be employed, and, after the head had been shaved, the actual cautery was applied just over the tuberosity of the occipital bones; the wound was made about the size of a half-crown. The patient did not complain of pain during the operation, and ate, with great greediness, a biscuit that was given her. The wound was kept open for more than two months, by peas and irritating dressings, and during the early part of July, warm baths and cold affusions were repeatedly and alternately used. Under this mode of treatment, a considerable improvement took place, and the disposition to her former habits sensibly diminished. She began to give some signs of returning intellect, and it was remarked, that when punished she shed tears, which she had never before done; she began, also, to distinguish objects, and to understand their several qualities. Thus she continued for some time, but her former propensities returned, and those as violent as before. Warm baths, nauseating and emetic medicines, with other measures, to lessen the force of the circulating

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system were employed, without producing any decided effect. The most prominent symptoms continued to be the "desiderium impurum" before-mentioned, and thus the case remained up to the commencement of June, 1822.

After having consulted all the authorities on this subject, it was found that the French had represented the extirpation of the clitoris to be the most effectual remedy, and one totally devoid of danger. The operation was performed on the 20th of June, by Professor Gräefe, with great ease and celerity, by means of a scissors; the hæmorrhage was very slight, and was readily suppressed by washing the part with cold water. The result of the operation was regarded with the greatest anxiety, and it was, therefore, with great pleasure that it appeared to be so favourable. The patient gave proofs of an increase of mental power; in the month of July, she learned to write, or rather, commenced to learn writing, and began to express herself correctly; but when she could not make herself thoroughly understood, she endeavoured to illustrate her meaning by a graphic representation. In September following, some unpleasant symptoms again made their appearance, for which a blister was applied to the back; this was kept open for some time, and she soon got well. In October, a slight disposition to her former propensity manifested itself, on which account the place on which the blister had been before applied was annointed with tartar emetic ointment, which soon caused it to disappear. From the time named to the present, the patient has been gradually improving, mentally and corporeally, and, up to the time when this account was closed, had not manifested the slightest inclination to her former vices. She has learned to read and write, and pays the greatest attention to what her parents and others may say, and she is, to use the words of the narrator of the case, altogether "a new creature."

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14. The Copenhagen Needle Patient.* In 1822, Professor Hecholdt published an account of this very extraordinary case, in a pamphlet entitled '*Observatio de Affectibus Morbosis Virginis Havniensis, cui plurimæ acus e Variis Corporis partibus excisæ et extractæ sunt.*' The number of needles extracted up to the time of the appearance of Dr. H's book was 295, since which period, one hundred and five more have been removed. It was for the purpose of communicating this additional information, and likewise for the purpose of making the case more generally known, that Dr. Otto sent the present version of the case to the Journal above named. Dr. Otto observes, that he hopes that the circumstantial manner in which the case is given will remove every doubt from the most sceptical, but, that if any further corroboration be necessary, he can appeal to thirty medical practitioners at Copenhagen, who have seen the patient at different periods of the complaint, and she may

* *History of a Patient from whom four hundred needles were extracted* From Hecker's Litterarische Annalen der Gesammten Heilkunde, July, 1825.

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at the present moment be seen by every one, at Frederick's Hospital, in that place.

Rachel Hertz had lived in the enjoyment of good health up to her fourteenth year; she was then of a fair complexion, and rather of the sanguineous temperament. In August 1807, she was seized with a violent attack of cholic, which induced her to apply to Professor Hecholdt, and this was the first acquaintance which the Professor had with the case. From that time to March 1808 she experienced frequent attacks of erysipelas and fever, which left her in a very debilitated state. Many symptoms of an hysterical character showed themselves, but which the ordinary remedies failed to remove. From March to May 1809, a period of fourteen months, she suffered in this way from repeated and violent hysteric attacks, accompanied with, or rather followed by, fainting, which sometimes continued so long, that people considered her dead. Occasionally she was attacked with epileptic fits, at other times with drowsiness and hiccough, and sometimes with delirium. During the paroxysms of her madness, she delivered, with a loud voice and correct enunciation, long passages from the works of Göthe, Schiller, Shakspeare, and Othlenschläger, just as accurately as any sane person could do, and although she kept her eyes closed, she accompanied the declamation with suitable gesticulations. The delirium continued to increase until it assumed a very alarming height; she gnashed her teeth, kicked about, and fought with whatever came in her reach, and disturbed with her ravings, not only her own household, but the whole neighbourhood. The patient was next the subject of a violent attack of hæmatemesis, which returned, in a greater or less degree, for several months, notwithstanding the employment of the usual remedies. In January 1809, she complained of severe pain in the lower part of the abdomen, about the sigmoid flexure of the colon, attended with obstinate constipation and severe ischuria. It was discovered, by an examination of the rectum, that a contraction existed there, and the accumulation of the feculent matter above the constricted part was supposed to explain the production of the ischury. The bladder could not be emptied without the use of the catheter or bougie, the introduction of which was exceedingly difficult. Purgatives of various kinds, injections without number, the aromatic hip bath, fomentations of the abdomen, and repeated cold affusions were used without success, as regarded the ischury, although the constipation, and the major part of the hysterical symptoms disappeared. For two years, the daily introduction of the catheter was necessary. In March 1809, the state of the patient was somewhat improved; she was able to rest better at night, and her behaviour during the day was more tranquil. This did not long continue: the tranquillity soon degenerated into stupor, which became daily more profound. At the middle of the day, she remained as if dead, without sense or motion, with the respiration so slow and feeble that it could with difficulty be detected. For about an hour after noon, she plunged from this state of stupor suddenly into a raving madness, attended with dreadfully severe convulsions; a similar paroxysm made its appearance

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at night. She took nothing to eat or drink for a whole week, in which time the bowels were only relieved once, and then without her knowledge.

In May, 1809, Professor Collisen was consulted, who, during the lethargic state of the patient, recommended snuff to be pushed up her nostrils, the effect of which was so favourable that, without sneezing, she soon came to her senses. She complained of nothing during that day, and the snuff frequently produced equally good effects, for a time only. The delirium continued from May 1809, to December 1810, with little variation of importance, and then gradually subsided. At the close of November, 1810, the patient sunk into a state of great debility, and remained for eight days as if dead, the extremities were cold, the countenance cadaverous and the respiration slow and very feeble; when she emerged from this state, a slight fever succeeded, and it was observed that she was incapable of moving her right side. Here is a seeming inconsistency in the narration of the case; for we are told that, for the next two years, she enjoyed good health. In April, 1813, she had the measles, which disappeared in the usual time. In July, an intermittent fever made its appearance, and, in August, the old complaint of hæmatemesis returned. All these misfortunes were removed, and this walking hospital was once more permitted to be purified; for it is stated that, from the end of November to June, 1813, she remained well. Nothing particular occured from that time to May 1816, except the formation of a carbuncle in the thigh, but she was then seized with violent pains in the left hypochondriac region, with vomiting of blood, from which she again recovered, and remained free from any particular complaint until January 1819, when severe cholic pains made their appearance, with fever, vomiting of blood, and purging of black fæcal matter, from which it was considered impossible that she could recover—but recover she did. On examination of the abdomen, a large tumour was found, having three distinct elevations just below the umbilicus. To this tumour, emollient cataplasms were applied, without producing much benefit, and the worn out and desperate condition of the patient induced Professor Hecholdt to lay open the tumour by a deep incision. It was expected that a copious discharge of pus would follow, but no pus came, aud the bleeding was very slight. When the wound was examined with a probe, a curious sensation was communicated to the hand, just as if a metallic body had been thrust against the probe; this was repeated, a forceps was introduced, the substance was laid hold of, and, to his great astonishment, out came *a needle*. The extraction of this needle produced some alleviation of the sufferings of the patient, but it was of very short duration; great pain with vomiting of blood returned, another tumour appeared in the left lumbar region, the touching of which caused great uneasiness. On the 15th of February, an incision was made into it, and another black oxydized needle drawn out. It would be tedious and uninteresting to describe the situation and appearance of every subsequent tumour; suffice it to say that, from the 12th of February 1819, to the 10th of August

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1820, a period of eighteen months, severe pains, followed by tumours, were felt in various parts of the body, from which *two hundred and ninety-five needles* were extracted, viz.—

From the left breast, 22—from the right breast, 14—from the epigastric region, 41—from the left hypochondriac region, 19—from the right hypochondriac region, 20—from the umbilicus, 31—from the left lumbar region, 39—from the right lumbar region, 17—from the hypogastric region, 14—from the right iliac region, 23—from the left iliac region, 27—from the left thigh, 3—from the right shoulder, 23—between the shoulders, 1—from under the left shoulder, 1—total 295.

Some of them were broken, some were without points, some were small, others large. They made their appearance at considerable intervals; sometimes one showed itself every day, then for a week no more could be detected, and, occasionally, a month intervened from the extraction of one to the extraction of another. The patient, during the greater part of this time, was so weak as to be obliged to keep her bed, and she said that she did not feel any pain until the needles approached the surface of the body. From August, 1820, to the 8th of March, 1821, no more needles had made their appearance, and it was not not until after the appearauce of Professor Hecholdt's account of the case had been published in 1822, that any more were extracted. This part of the history is continued by Dr. Otto, who goes on to say, that a *large* tumour formed in the right axilla, from which, between the 26th of May and the 10th of July, 1822, no less than *one hundred needles* were taken out! The patient for some time after was the subject of a diabetes, which again threatened her life, but from which, as from her former desperate attacks, she ultimately recovered. From the 1st of July, 1822, to the 10th of December, 1823, five needles were at different times extracted, making the total number of FOUR HUNDRED!! The patient has amused herself during her convalescence by learning Latin, and writing a journal of her own case. She is at present living at Frederick's hospital, at Copenhagen, and enjoys good health.

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15. *Acupuncturation.** It is by no means universally believed that there are any good effects resulting from acupuncture, beyond those produced on the patient's imagination. In medicine we are very prone to doubt every thing for which we cannot satisfactorily account. But this is a dangerous scepticism in many cases; for, in truth, we can account for very few of the phenomena that are daily presented to our eyes. If, one hundred years ago, a man had proclaimed that an ear of rye would make a woman miscarry, he would have been laughed at as a visionary or a knave. Yet the thing is proved beyond the possibility of doubt. At present it is the fashion among the knowing ones of this Metropolis to rank acupuncture and moxibustion with metallic tractation and animal magnetism. We have not seen enough of either process to authorize a dictum on the occasion—and therefore we shall con-

* Dr. Webster. London Med. Journ. July, 1825.

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tent ourselves, in the present stage of the enquiry, with making reports, from time to time, of such histories as appear well authenticated.

Dr. Webster mentions the case of a female, who had been bled in the arm for pain in the head. At the moment the vein was opened, she felt excruciating pain, and, whilst the blood was flowing, she fainted. The wound healed kindly, and during the week she was free from pain. At the end of that time she suddenly experienced a severe pain, proceeding from the bend of the elbow, and extending down the forearm, in the course of the inner cutaneous nerve, to the hand. This pain was most severe about two inches below the inner condyle of the humerus, and in the muscles composing the fleshy part of the thumb. These symptoms continued and gradually increased for four months and upwards. At the time she was first seen by Dr. Webster, the pain was most excruciating, especially in the upper part of the forearm, and in the cicatrix. Many remedies and applications were tried, but none gave any relief, except a blister that extended from the bend of the arm to the wrist. Acupuncture was therefore determined on. A needle was introduced at two different points in the upper and inner part of the forearm, to the depth of three quarters of an inch. The same was done in the ball of the thumb, until the needle almost penetrated through the hand. The instrument was turned gently round at each introduction, but did not remain longer than 15 seconds at a time. The patient felt little pain in consequence, except when the needle was turning. The original pain continued, without diminution, for two days afterwards. On the third day it was much alleviated. On the fourth she was free from complaint, and remained so.

III.

Therapeia.

Pharmaca nulla valent, nisi quæ sint commoda causis.

1. *Chorea.** We have always considered it much more curious than useful, to record the infinity of eccentric motions and preposterous attitudes exhibited by patients labouring under the higher grades of chorea. We remember (and so must many of our readers) a most circumstantial detail of this kind, published by Dr. Watt, in one of the early volumes of the Medico-chirurgical Transactions, under the title of "Periodical Jactitation." Among many other freaks of this lively young girl, one was that of spinning round like a top—and another, that of *standing* (Hibernice) *on her head.*

* Mr. Robert Hunter—Dr. Thomas Jeffreys. Ed. Journal, April, 1825.

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Mr. Hunter's patient was also a young female, whose choreal propensity consisted in rotating the head, with a velocity that would have left Harlequin far behind. "The rotatory motions of the head now became furious and alarming. They were executed with such immense rapidity, that it was difficult even for the eye to follow them." The young woman did not appear to derive much pleasure from these rotatory fits—on the contray, she averred that she would submit to any operation, however painful—that she would even "allow herself to be opened alive," to get rid of so distressing a malady. She had been some years ill, and the chorea appeared to have been preceded by some uterine and hepatic derangement. She had been in the Infirmary of Glasgow, and under various medical practitioners, without deriving any advantage from medicine.

Mr. Hunter ordered the head to be shaved, and tartar emetic ointment to be rubbed on the scalp, and also along the spine. As soon as a large crop of pustules came out, the rotation was greatly diminished, and, by steady perseverance in the application, together with tonics, she entirely recovered. This plan of treatment, as far as regards the antimoniated ointment, is novel, and deserves attention.

In the same Journal, and in immediate succession, we have two cases, related by Dr. Jeffreys of Liverpool. These cases are (ut mos est) preceded by historical notices, from Paracelsus to Hamilton—together with a kind of regular dissertation on the disease in general, and also on the nature of spasm. These we must pass over. The first case related is that of a young lady, where the remedies were so multitudinous that it is difficult to say which had the predominant merit in curing the disease—or whether medicine had any other share in the cure than that of nauseating the stomach, and preventing too much ingesta. The principal remedies employed were, antispasmodics, purgatives, and tonics. She recovered, though slowly.

The second case is a melancholy one. The patient was a professional man (an attorney) aged 54, when first he was attacked with the complaint. He had hitherto been healthy and vigorous. He first became affected with tremors of the hands, which increased to a troublesome degree, but unaccompanied with pain, except the weariness occasioned by constant agitation. The Provincial physicians having all failed to give any relief, recourse was had to those of the Metropolis, "where (as Samuel Johnson said) flows the great tide of human existence," and where it is often vainly hoped that the tide of existence can be altered in its course! Application was made to Dr. Meyers, (query, the Jew or the German?) who suspected the disease might arise from atonic gout. Temperance, exercise, tonics, and antispasmodics were recommended, and failed. Dr. Gregory (the great) was next consulted, and added opium, hemlock and gamboge, to the plan of Dr. Meyers. These failed also. Mercury was then tried, but no salivation could be induced by any possible means. This was a strong indication of disease of the brain, which is well-known to prevent salivation. He dragged on a wretched existence for 25 *years* in this state, and died at

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the age of 70; not of the chorea, if so it may be called, but of a slight febrile attack.

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2. *Poisoning by Arsenic and Sublimate.* A young pharmaceutical student, of sanguineous temperament and robust constitution, mixed up, in a fit of despair, a drachm of arsenic and the same quantity of oxymuriate of mercury, into ten boluses, nine of which he swallowed on the spot, and retained the tenth, to shew the kind of poison he had taken, convinced that his death would be very sudden from the dose taken. It was not so, however, and in the space of five minutes, on feeling a burning heat in his bowels, he repented of the rash act, and quickly swallowed eighteen grains of ipecacuan, which caused the rejection of a part of the poison. The fear of death now induced him to cry out furiously for aid, and M. Julia-Fontenelle was instantly on the spot. He found the patient rolling on the floor, the picture of misery and terror. He frankly avowed all that had passed. Abundance of warm water was taken into the stomach, and black matters were vomited forth. These, on subsequent analysis, presented the poisonous substances swallowed. Several other medical gentlemen were now summoned to the assistance of M. Fontenelle. Warm milk was thrown into the stomach in large quantities, and also into the bowels by injection. The patient experienced excruciating pains, and insatible thirst. In four hours from the accident he had convulsions, and appeared at the point of death. In two hours more, however, he appeared a little better. A diarrhœa came on, which lasted eight days. Sugar and milk were assiduously administered, together with whites of eggs. *Next day*, face flushed, and countenance wild—abdomen extremely painful—constant vomiting, diarrhœa, and insatiable thirst, with convulsive twitchings. Milk still for drink—cataplasms to the abdomen—24 leeches to the chest. *Third day*, the symptoms ameliorated—same treatment. *Fourth day*, the convulsive movements more strong—facies Hippocratica—frequent vomiting of green matters—violent cholic and delirium—bled largely from the arm—warm bath—stimulating plaster to the epigastrium—large draughts of whey. *Fifth day*, no better—large blister to the breast—sinapisms to the legs. *Sixth day*, the vomitings less frequent—delirium milder. During the next two days, the symptoms still more favourable. Mercurial ptyalism and ulcers in the mouth—extreme debility. By the 12th day, he began to convalesce, and by the end of three weeks he was able to undertake a journey of 150 miles to his native air. He has since enjoyed good health, and is become robust. *Archives Generales.*

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3. *Treatment of Scrofulous Ulcerations.** Mr. Rennie wishes to draw the attention of the faculty to certain topical applications in scrofulous ulcerations. Having witnessed the beneficial effects of *pitch*, as

* A. Rennie, Esq. Med. Repos. March, 1825.

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a stimulating and detergent application to foul and indolent sores of this nature, he was led to form it into a plaster of such consistency as to combine pressure with the peculiar qualities of the pitch.

"The following compositions, after experimental trials made at my suggestion,* have been found to combine, in the greatest perfection, the requisite qualities as above described:—

I. *Medium.*

"℞ Picis Nigræ, p. j.
—— Liquidæ, p. iss.
—— Resinæ, p. ij. M. ft. emplastrum.

II. *Soft.*

"℞ Picis Liquid. p. iss.
—— Nigr. p. j.
—— Resinæ, p. j. M. ft. emp.

III. *Hard.*

"℞ Picis Liq. p. iij.
—— Resinæ, p. iv. M.

IV. *Solid.*

"℞ Picis Nigræ, p. ij.
Emp. Resinæ, p. j.
—— Ceræ, p. iij. M.

"To be heated and spread at the time of application, not, however, too thinly. The best thickness seems to be from one to two lines." 194.

With regard to constitutional treatment in cases of scrofula, Mr. R. wishes to remark that, in his experience, the exhibition of calomel, in minute doses, frequently repeated, is an ineffectual and unsuitable method of procedure. "The mercurial not being in doses sufficiently active to carry itself off, or clear out offending matters, remains in the system exciting the mercurial irritation; and, notwithstanding a protracted course, accumulations of morbid fæcal matter are frequently found to exist." We are not advocates for allowing fæcal accumulations to take place; but we have seen so much benefit from small doses of mercury in improving the secretions, and in that way improving the general health, that we cannot consent to abandon the procedure, notwithstanding the respect we entertain for Mr. Rennie's opinions. We generally give some smart but unirritating purgative, every third or fourth day, while pursuing the alterative course, and thus avoid the chance of fæcal accumulations. But we must hear Mr. Rennie.

"It appears to me that the greatest benefit is derived from calomel, when prescribed in adequate doses to excite considerable activity both of the secreting and peristaltic functions, and followed, within eight or twelve hours, by such other aperients as completely to evacuate the intestinal canal.

* By Messrs. Waugh, Chemists, Regent Street.

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"This active operation will not bear to be repeated oftener than once in four to six days. One advantage is gained by delay, that the constitution has time completely to recover from the mercurial irritation and the depressing effect of copious evacuation, whilst morbid accumulations are sufficiently obviated.

"So long as the discharges continue unhealthy, perseverance in aperient measures is the chief indication. To obviate unpleasant effects from the continued use of active mercurials, it is advisable, after the few first repetitions, to interpose mild doses of rhubarb and soda, or magnesia, prescribing mercurials only once in six to twelve days, as occasion requires." 196.

Our author throws out some judicious hints respecting the exhibition of mercurials in cold, and especially damp weather, in which seasons much inconvenience is often experienced from the use of calomel. It then frequently produces tormina and tenesmus, "in a manner so capricious as no foresight could anticipate." The distention of the alvine viscera, in scrofulous constitutions, is, in Mr. R.'s opinion, dependent on a peculiar disordered condition of the hepatic functions, "consisting not of acute inflammatory action, nor of permanent alteration of structure, but of vascular congestion and inactivity of the vital functions, dependent on diminished vital power, together with suspended, irregular, or depraved biliary secretion. It is in the power of correcting this condition of the alvine secretions that the beneficial effects of mercurials depend. Speaking of tonics, Mr. Rennie observes:—

"Notwithstanding the general debility so invariably attendant on the scrofulous state of the constitution, I am convinced that the administration of this class of remedies is much seldomer advantageous than is perhaps supposed. On the restoration of healthy hepatic and alvine functions, it is surprising how speedily the youthful constitution regains vigour, and every symptom of debility and relaxation disappears. As conducive to this effect, the sedative and invigorating influences of pure air, moderate exercise, equable and warm clothing, and generous diet, are unquestionably of the first importance. Where these requisites are possessed, tonic remedies are less necessary; and where these advantages are not enjoyed, they frequently do more harm than good.

"The system generally found most suitable has been to administer an alterative mercurial every sixth night, and a full purgative next morning; for two days thereafter tonics; the third evening or morning a mild aperient of rhubarb, with alkali or magnesia; then tonics for two days, or, at most, three: after which, the alterative and purgative as before." 198.

Our author has found better effects from the sulphate of quinine, in allaying irritability, and "counteracting that febrile diathesis depending on stomachic atony," than from any other tonic at present known. We cannot follow Mr. Rennie through his detail of the local treatment of scrofulous sores, but refer to the paper itself for fuller information on that point. The communication is, upon the whole, creditable to the author.

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4. *Mercurial Fumigation.** Nothing is more harrassing to the military surgeon in India than the treatment of chronic affections of an anomalous character. After trying various remedies without decided benefit men are discharged as incurable—and after a time, to the surprise and disgrace of the surgeon, they are often seen re-entering the service, free from disease, and full of energy and activity. This was particularly exemplified in our author's practice by the return of a Sepoy, after a short leave of absence, supple and active, who had left the hospital crippled and nearly helpless. "Academic honours blushed, for a moment, to be outdone by some illiterate Paracelsus of a Mahratta hamlet." It was evident in this case, that mercury had been used, in some form or other. But the Sepoy was either too ignorant, or his doctor too cunning; for Dr. G. could not ascertain that any mercury had been actually exhibited internally. He had been exposed to fire and smoke, and drank some vegetable decoction, during which his mouth had become very sore, and he himself rapidly convalescent. This and other considerations induced our author to try the effects of mercurial fumigations, for many chronic complaints, but chiefly for that *opprobrium medicorum*—chronic rheumatism. The mode in which Dr. Gibson performed this process was by putting some oxide of mercury—or, what he prefers, half a drachm of the pilula hydrargyri, on a piece of tile placed over some live embers in an earthen dish, on the ground, between the patient's legs, the patient himself being enveloped in a blanket. The mercury is thus volatilised, and the process is repeated night and morning, as long as may be deemed necessary. In venereal affections of every stage, this kind of fumigation (the ingredients being somewhat different) is in universal use among the natives, who exhibit no deforming traces either of its baleful consequences or inertness. A letter from Dr. Milne to our author corroborates the efficacy of this mode of treatment in chronic rheumatism, and the sequelæ of syphilitic and mercurial affections.

We hope our Indian brethern will profit by this communication from an intelligent and meritorious medical officer.

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5. *Yellow Fever.*† Dr. Belcher sojourned for a time in the West Indies, as an assistant surgeon in His Majesty's ship Gloucester. The few observations which he has thrown together, in our respected cotemporary, on the subject of yellow fever, exhibit nothing novel—except the contradiction of some opinions that are new, and the confirmation of others that are now old. The disease, as he saw it, was not contagious—though he denies not the probability of its becoming so, under different circumstances; as "neglect of cleanliness, ill ventilation, impure atmosphere, a crowded state of the sick, &c."

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* Dr. Gibson, Staff-Surgeon, East Indies. Med. and Phys. Journal, July, 1825.

† Dr. Belcher. Ed. Journal, April, 1825.

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"On looking over," says he, "the different authors who have so ably treated of this scourge, I find in none so able, so concise, and so truly faithful a description, as that given by Dr. M'Arthur, (Johnson's influence of tropical climates) the late physician to the local naval Hospital. It is a relation of facts taken from nature—from the bed side of the patient—and facts will contradict theory to the end of time."

The treatment which our author recommends is strictly depletory in the early stage of re-action—namely, by bleeding to 40 or even 80 ounces in the horizontal position, so that a decided impression might be made on the disease, without the interruption of syncope. The loss of blood was followed by the exhibition of an active purgative bolus, as twelve grains of calomel and a scruple of jalap, assisted by salts and senna. In very many cases nothing else was necessary than to keep up the catharsis. But there were other and more formidable cases, where depletion alone was not sufficient to arrest the progress of the disease.

"In all cases which were not relieved by the primary depletions, we found the most decidedly beneficial effects from the exhibition of mercury, so as to affect the mouth."

Three grains of calomel were exhibited every two or three hours till salivation was raised. This required from 24 to 36 or 40 hours. When the calomel produced irritation in the intestinal canal, it was guarded by small doses of opium.

"We found, in almost all favourable cases, as the mercurial action became established, the febrile diminished. There is something peculiar in the action which mercury exerts on the system, which renders its existence with febrile action incompatible. I cannot too strongly recommend the mercurial practice in tropical fevers, conducted in the above manner. I have seen it most beneficial, and I am confident that it has saved many a life, when proper evacuating measures had been premised. I am by no means an advocate for the wanton use or the abuse of mercury, nor have I that *horror hydrargyri*, that I am sorry to see so many of my professional brethren possess at the present day. I am not so prejudiced against its use, as to allow a fine child to expire, in *cynanche trachealis* from suffocation;—or to suffer a female of 16 or 18 to lose an eye from the effects of iritis; nor am I so prejudiced in favour of its abuse, as to *accelerate the destruction of the nasal spongy bones*, or of a penis labouring under gangrenous inflammation, accompanied with ulcerations." 255.

We believe that more spongy bones have been lost by the "*horror hydrargyri*," than by even the rash use of this mineral. The loss of reputation and the loss of practice are now beginning to check this *horror hydrargyri* which, at one time, threatened to become epidemic.

Upon the whole, Dr. Belcher's paper is creditable to his discrimination as an observant practitioner. Our readers will see that its merits consist more in the defence of old, than in the promulgation of new doctrines and practices. But even this merit is no mean or useless one.

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6 *Remedies for Itch.** For the benefit of all those whom it may concern, on either side of the Tweed—or even in our good town of Berwick, we publish the following important information respecting the best, quickest, and *cheapest* modes of curing the itch. Dr. Maury has made a series of experiments to this effect, in the St. Louis Hospital—and twenty-one formulæ are given, with their results. We subjoin four of the most efficacious.

1. "Camphorated liniment of M. Vaidy; composed of two ounces of olive or almond oil, and two drachms of camphor. Mean duration of the treatment, $13\frac{3}{10}$ days. This medicine is too expensive for habitual use at an hospital; it stains the linen; the smell is not unpleasant; it effects the cure without irritating the skin, and the itching is much relieved by the first application. It is recommended as a good remedy for private practice. The compound liniment of M. Fournier differs from the preceding only in the addition of two drachms of liquid ammonia, and the combination is favourably spoken of. The medium length of time required for the cure being reduced to $11\frac{4}{10}$ days.

"2. Sulphur pomatum of M. Helmerick: sublimed sulphur, two parts; purified potass, one part; lard, eight parts. Two frictions are made in the day, using two ounces of the pomatum for each. Mean duration of the treatment, $11\frac{7}{10}$ days. The price of this is *moderate*; it soils the linen from the excess of fat over the alkali; has some smell, but does not incommode the skin, and effects a speedy cure. It differs little from the "pommade sulphuro-alcaline," employed at the hospital of St. Louis.

"3. Pomatum proposed by M. Melier: subcarbonate of soda, two ounces; water, one ounce; olive oil, four ounces; flowers of sulphur, four ounces. Dissolve the subcarbonate in the water, and add the oil, so as to make a soap; then add the sulphur by little and little, carefully mixing it. Of this, two ounces are to be used for each friction, and these to be employed twice a-day. Mean period required for the cure, $13\frac{7}{10}$ days. This method presents the advantage of an oil and alkali united in such proportions as to form a soap, by which means it is prevented from staining the linen, and cures the eruption without irritating the skin. It is not without smell. It is suggested that camphor might be substituted for the sulphur, in the proportion of four drachms to the quantity above mentioned.

"4. Sulphureous baths. To a common bath add four ounces of the sulphuret of potass. Mean time required for the cure, $17\frac{3}{10}$ days. This method is very gentle, effecting the cure without inconvenience, but slowly, and not suiting every patient. The bath may be rendered more active, and the cure more speedy, by adding a little sulphuric acid. It is expensive, however, and can scarcely be employed but on a great scale."

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* See Journal Generale de Medecine, Juillet, or London Med. and Physical Journal, for November, 1824.

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From the foregoing it would appear that the itch is rather more obstinate on the Continent than in this country, where, certainly, the cure, in general, is not so tedious as in the above report. It appears, after all, that "*there is nothing like sulphur.*"

7 *Hydrophobia.* Dr. Booth, of Birmingham, (see Bibliographical Record) has recently proposed the injection of acetate of morphine into the veins, as the most probable means of checking this dreadful disease, where the neglect of excision has permitted the virus to affect the system. This *proposal* is founded on the well known case published by Magendie and others—which case is now universally allowed not to have been hydrophobia at all—at least it was not from the bite of a rabid animal, but a spontaneous disease *resembling* rabies canina. So far the proposal rests on a bad foundation. But whoever examines the body of a person who dies of real rabies canina will be convinced that there is little or no chance from any remedy, after the symptoms have once commenced. This, at least, is the impression on our own minds, after opening or assisting to open two unfortunate victims of hydrophobia.

8. *On the Utility of Sanguineous Evacuations in the Diseases of Old People.* By J. B. Foucart, M.D. (*Archives for July and September*, 1824.)

It has long been known, in this country, that old people bear bleeding much better than one would, *à priori*, imagine. Sir Anthony Carlisle, we recollect, particularly insists on this point, in his work on old age, and we find that even in France, where the lancet has long been held in such terror, the antiphlogistic treatment begins to gain ground. Our present author was struck with the want of success attendant on the old modes of administering tonics and stimulants in the diseases of old age, and was thereby led to an opposite system. In this system he was more fortunate, and has related a number of cases in illustration. But as these cases are necessarily successful ones, and as the treatment adopted, even by M. Foucart, is less energetic than that employed by the best practitioners in this country, we shall not go into the paper in this place. It is for pathology we look to our Continental neighbours.

9 *Hydrocephalus.** A case of this kind, related by Dr. Henry Davies, of Conduit-street, the able physician accoucheur of the Western Dispensary, &c. is calculated to afford hope, even under circumstances apparently desperate.

Case. A male child, born in May, 1823, was placed with a wet nurse for six months, after which he appeared to thrive very well till

* Dr. Henry Davies, Med. Repos. March 1825.

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November; but his appetite was ravenous. In December he had an attack of diarrhœa and vomiting, which were relieved. In January 1824, he had another bowel complaint, with fever and slight convulsions, extreme irritability and restlessness, short cough and dyspnœa. The inflammatory symptoms were relieved by leeches, mercurial purgations, blisters, evaporating lotions to the head. The child, however, became weak, lost its sensibility, and its head enlarged. The sagittal suture expanded from the root of the nose to the vertex:—the anterior fontanelle was from two to three inches in diameter, and the coronal suture expanded also to some extent." The pulse was excessively quick. *Two grains of calomel and ¼ grain of digitalis every four hours. Two drachms of mercurial ointment to be rubbed in daily. January* 14. Great emaciation—all the symptoms of hydrocephalus. *One grain of calomel, squill, and digitalis night and morning.* A cordial mixture, with ammonia and some tincture of opium, every 4 hours. A little white wine whey to be allowed. 21st. He was purged much, and made large quantities of urine. Relieved a little by the whey. 28th. Better in all respects—tongue and mouth cleaner—makes water very freely—pulse fallen to 112—very little salivation. The powder to be taken only at night—the frictions to be continued. February 2d. Improving still. The powders and mercurial frictions *to be continued.* The two drachms of strong ointment were rubbed in by the mother *for* three weeks, (her hand being guarded by a bladder) and it was subsequently used in smaller quantities. The head became reduced almost to its natural size. From this time, with some occasional relapses, he progressively recovered, and one year after the commencement of treatment, was considered as well—his head, however, not being quite reduced to its natural size. "What tended very much," says Dr. D. "to favour the fortunate result of the case, was the ready expansion of the cranium, by which pressure on the substance of the brain was avoided, or very much diminished." It is amazing, as Dr. D. justly observes, to what an extent mercury may be used in diseases of children, without producing its usual effects—salivation. "It evidently, in this instance, exerted its influence on the absorbents, its action being aided by the diuretics combined with it."

"The recuperative power in infants is very great; and this should encourage us not to give them up too soon. There is a time, when disease has lost its hold, and when the patient is in a state of collapse, that stimulants now and then exert a most beneficial influence. The combination of volatile alkali and opium, under such circumstances, seems well adapted as medicine, and white wine whey as food. I have seen infants kept alive for days, by giving them one or two drops of the sp. ammon. arom. in a teaspoonful of the breast milk every hour, and supplying artificial warmth, by heated stone bottles in their cots, till they have at last rallied and perfectly recovered." 205.

This case is creditable to the judgment and perseverance of Dr. Davies.

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Pharmacology.

1. *Flowers of Colchicum.* Mr. Frost, the ingenious botanist, and now secretary to the Humane Society, has drawn the attention of the profession to the necessity of examining the state of the root of colchicum, or rather the time of the year at which it is collected, before they employ it in medicine. It is well known, though perhaps little attended to by herbalists in general, that vegetables undergo material changes as to the nature of their juices at different periods of the year, and therefore the discordant accounts which we hear respecting the effects of colchicum may often depend on the period of its collection. To obviate all possibility of deception, Mr. Frost proposes that the flowers should be used, as they will afford the profession "a certain, uniform, and safe medicine," while at the same time they will "not produce those unpleasant effects which occasionally follow the employment of the bulb." The collector cannot err in respect to the time of gathering the flowers. A vinegar, wine, or tincture may be made of the flowers. But surely some mistake must have occurred in the formulæ published by Mr. Frost, who directs *one pound* of the flowers to *one pint* of the menstruum.—*Med. Repos. August.*

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2. *Tartar Emetic in Pneumonia.* Mr. Wood determined to try the Italian method of treating pneumonia with large doses of antimony, in consequence of reading an account of the practice in our cotemporary of the North. A patient soon presented himself, with symptoms of pulmonic inflammation. He was a stout man, 34 years of age. Mr. W. took away 30 ounces of blood, and ordered a mixture containing ℈iij. antim. tartarisat. ʒiss. tinct. camp. comp. and ʒij. of water. Half of this was directed to be taken immediately, and the remainder in two hours.

Second day. Mr. W. found his patient sitting by the fire side. He had spent a restless night. He had taken the medicine as directed. The first dose (30 grains) caused nausea, but no vomiting. The second dose does not appear to have produced any particular effect—at least none are recorded. The pulse was lowered from 104 to 98. The other usual symptoms of pneumonia continued. He was ordered to bed, and a purgative of calomel and jalap prescribed. In the evening the symptoms were rather increased. A mixture was directed, containing four grains of the tartrite of antimony, one drachm of laudanum, and four ounces of water—a fourth part every three hours.

Third day. Perspired much in the night—no nausea—the symptoms ameliorated. The antimonial solution repeated, with the addition of two grains of tartar emetic.

The case is too tedious for detail: we shall, therefore, content ourselves with saying, that the patient was obliged to be thrice bled from the arm, and once by leeches—that a copious perspiration was produced by the large doses of antimony, but no vomiting—that, when the medicine was reduced to comparatively small doses, constant nausea, and at last vomiting was produced—that the disease was much longer

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under treatment than is usual in acute pneumonia—that the medicine proved powerfully *diuretic*, as well as diaphoretic—and, finally, that the case does not hold out much temptation to imitate the practice, though it proves, as far as one case goes, that large doses of tartar emetic are not productive of so much sickness of stomach as small ones.—*Ed. Journal, July*, 1825.

3. *Sulphate of Quinine.* This invaluable medicine is daily extending in reputation, and will, we are convinced, soon become one of the most important in the Pharmacopœia. The great draw-back is its excessive price, and therefore we were rejoiced to find announced in one of the foreign Journals, a mode of preparing the quinine and its sulphate which will effect a great reduction of expence. M. Guerette, chief apothecary to the French forces, has discovered that, from bark, after it has yielded the infusion, decoction, and watery extract, almost as much quinine and sulphate of quinine may be obtained, as from bark that has *not* yielded the above officinal preparations. He was led to this discovery by observing that from the aqueous extracts of cinchona, little or no quinine could be obtained; hence it was evident that this valuable substance was left behind in the refuse. It is, indeed, extraordinary that chemists did not see into this before now, knowing *as they did*, that it required the strongest alcoholic menstrua to extract the quinine *from* the bark.

A commission has been ordered to examine M. Guerette's memoir, and repeat his experiments, and their report is confirmatory of his discovery. The formula is not yet published by M. Guerette; but we should suppose it cannot differ materially from that employed in obtaining quinine in the common way from unreduced cinchona.

The effect of the discovery on the price of the medicine will soon, we hope, be manifested both on the Continent and in this country.

4. *Expulsion of the Tape Worm.** The tænia is a tenant which often sits the summons of the physician, and even resists the most forcible ejectments which the court of pharmacopœia can issue against this rebellious subject.

Dr. Ruggia, a physician at Naples, was induced to try the effects of a decoction of the root of the pomegranate tree, which answered his fullest expectation, by its quick expulsion of the worm. Dr. R's success soon drew the attention of a host of sufferers from all parts of Naples, where the disease is very common, while, at the same time, it roused the enquiry of other medical practitioners, from whom Dr. R. kept his mode of treatment a profound secret. In order to do this more effectually, he caused the patients to come to his own house, and drink the medicine there. A young man, however, whom the Doctor employed to bring the pomegranate root from the country, betrayed his worthy master, and the secret became divulged a few months ago at Naples.

* Dr. Milne, resident physician at Naples.

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In consequence of this, the remedy was extensively tried at the great hospital, and with complete success. Dr. Milne has also employed the remedy, which answered his most sanguine expectations. The mode in which he administers it is as follows: two ounces of the fresh root of the pomegranate tree are sliced finely, and slowly simmered down from a pint and a half to a pint, and then strained. Of this, one third part is given early in the morning, and another third every two hours, till the whole is taken. If this does not expel the worm, the same is to be repeated the next day, and so on. Some physicians at Naples use the bark of the root only; but Dr. Milne does not appear to think it superior to the root generally.*

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5. *Hydrophobia.*† This case of Dr. Brandreth's is remarkable for the length of time which intervened between the infliction of the bite and the explosion of the hydrophobia. The unfortunate youth was bitten by a dog decidedly mad, in November 1823, and did not fall ill till the 13th of October, 1824. On the 15th, hydrophobia was unequivocally established. At 2 o'clock on that day, a solution of acetate of morphia was injected into one of the brachial veins, and seemed to be attended with considerable mitigation of the symptoms. This was repeated two or three times. Two moxas were burnt on the pit of the stomach, and a pint of warm water was also injected into the veins. The mitigation of the hydrophobic phenomena was certainly remarkable; but it was only temporary, for the patient expired in strong convulsions the same evening.

Dissection. The vessels of the brain were injected, and the sinuses filled with black blood, which, in the lateral sinuses, was coagulated. There was half an ounce of serous effusion in the ventricles, and a considerable quantity of fluid escaped from the theca vertebralis. The cellular membrane about the throat was distended with air, which did not proceed from the lungs. The small intestines were much distended with air, and exhibited marks of incipient inflammation on their surface. The colon was greatly contracted. The upper and outer surface of the stomach was healthy; but on turning it up, a large perforation was discovered, capable of admitting the closed hand, from which a clear-coloured fluid had escaped into the abdomen. The pericardium was highly vascular—the right auricle and ventricle of the heart were distended with coagula—the left empty. The whole pharynx and trachea were highly inflamed, and the back of the throat was covered with bloody, frothy mucus. The lower part of the œsophagus was deprived of its mucous membrane. There were many spots of extravasated blood between the coats of the stomach.

Since the foregoing case occurred, our author had an opportunity of examining the stomach of a dog that died rabid. It presented appearances precisely similar to those in the human stomach just described.

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* Dr. Johnson has received some of the root from Dr. Milne, and will supply any gentleman in town with some of it, for trial in tænia.

† Dr. Brandreth. Ed. Journal, January, 1825.

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Our author is confident that the acetate of morphia "mitigated the sufferings of the patient in a most decisive manner;" but then again he says—"it is not improbable that the injection contributed to produce the highly vascular state of the intestines, stomach, trachea, and the contents of the head—and that it did so, may be inferred from Magendie having found the same circumstance take place in healthy dogs, into whose circulation opium had been injected." If this be the case, the remedy seems as bad as the disease.

6. *Erysipelas—Ol. Terebinth.* Mr. Cox has related (Med. Repos. April) a case of erysipelas where life was apparently in great danger, from cerebral affection, and where the oil of turpentine seemed to have a very beneficial effect. The patient was a female, 21 years of age, who became affected with erysipelas of the scalp, face, and breast, attended at first with restlessness and delirium—afterwards with coma and insensibility. Many other symptoms portending a fatal event were also present. She had been five days insensible, when Dr. Copland recommended the oil of turpentine combined with castor oil, both by the mouth and per anum. The turpentine procured several offensive stools—the pulse lost some of its rapidity—and the coma was rendered less profound. The medicine was repeated for some days, and the patient was gradually restored to convalescence, and ultimately to sound health.

7. *Action of Calomel in Indian Diseases.* In the last No. of the Edinburgh Medical and Surgical Journal, there is an extract from "the Minutes of a Meeting of the Medical and Physical Society of Calcutta," which conveys the gratifying intelligence that our brethren of the East are shaking off the mental torpor engendered by the climate in which they live, and that they are likely soon to make a respectable contribution, in the shape of a volume of transactions, to the general current of medical literature and science. When we speak of "mental torpor," we are very far from insinuating that there is any original defect of energy among our Eastern brethren. They are constituted like other people; but they are placed in a situation little calculated to call forth the native powers of mind or body. What, we would ask, are the great whet-stones (if we are permitted such an expression) of human intellect—the great goads to human industry? The collisions of opinion, the clashings of interests, the dread of poverty. What operation can these have among our brethren, scattered as they are over the widely distant stations of the East, where the eternal monotony of Indian life, the exhausting fervour of a tropical sun, and the cheerless gloom of "hope deferred," conspire with the abstraction of all the above-mentioned stimuli, to sink both mind and body into listless languor and indifference! Under such circumstances, it is wonderful that so much has been done on the burning shores of the eastern world, and we are always ready to hail the labours of our oriental cotemporaries as proofs of more than common native talent, energy, and zeal.

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Till we have the pleasure of receiving the promised volume, we shall content ourselves with the following extract, because it bears on a subject now under discussion in Europe—namely, the disproportioned effects resulting from large and small doses of medicines. Every one, at first, disbelieved that a scruple or half a drachm of calomel could be taken without hyper-catharsis—and still more that the same quantity of tartarized antimony might be swallowed without hyper-emesis. Yet these facts cannot now be denied, though their correctness seems still to be doubted.

"Mr. Annersley commences his paper, by remarking it as singular, that after so many years' experience in the use of calomel, and the great diversity of opinion yet prevailing on the subject, no investigation should have been entered upon with a view to ascertain the direct effects of this medicine on the stomach and bowels, and the alterations it gives rise to in their secretions. He then proceeds to state his mode of administering the remedy, which was at one time, to give moderate quantities; but on perusing Dr. Johnson's work, he was induced to alter his practice, and to substitute 20 grains for his former doses. The diseases he commonly employs it in are fever, dysentery, and hepatitis; and he gives it in combination with two grains of opium every seven or eight hours, followed up by a brisk purgative. The mouth should never be affected; and when this takes place, Mr. A. conceives the salutary operation of calomel is interrupted. With respect to a prevailing belief, that many constitutions in India are ruined by the use of this drug, if there be any truth in it, Mr. A. is disposed to attribute such deleterious influence to perseverance in small doses, after the necessity for using the medicine has ceased. His opinion is, that a large dose of calomel acts as a sedative. With reference to ascertaining its direct effects, Mr. A. instituted a series of experiments on dogs, administering the drug to them in doses of one, two, and three drachms; and after a definite period, killing the animals, and inspecting carefully the stomach and intestines. The results he considers highly satisfactory; and they lead to the inference, that the natural state of the stomach and intestinal canal is high vascularity; and that the operation of the calomel in large doses is opposed to inflammatory action. Hence is explained in some degree the effect of scruple doses of calomel in allaying irritability of stomach and vomiting, a circumstance which Mr. A. has often witnessed with astonishment. The operation of calomel on the secreted matter of the intestines is both chemical and mechanical. It renders this more fluid, and imparts to it a blackish grey colour. The former property, Mr. A thinks, may explain the benefit derived from calomel in obstructions of the *ductus communis*. He makes some observations also on the change of colour produced by the admixture of calomel with cystic bile; and concludes the paper by expressing a hope that the experiments detailed may lead to a further investigation of the subject, and induce his fellow members to turn their attention towards it."—*Ed. Journal, July, p.* 215.

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IV.

MEDICAL JURISPRUDENCE.

1. *Contagion.*[*] Dr. Maclean will now, we hope, feel compensated for any parliamentary defeat or professional neglect which he may have experienced in this country, by the attention which his works have received from some most "learned Thebans" abroad. Thousands of indexes have been ransacked in Germany and Italy to prove, what no man in his senses doubts the existence of contagion in plague and in fevers. The fact of the existence or non-existence of contagion, would appear to most rational beings the main point to be ascertained. But this is not the case. The great question now is—whether or not the existence of contagion was thought of or believed two thousand years ago? To prove or disprove this point, numerous volumes have been written, and the pages of medical journals, magazines, and even newspapers filled to satiety. We confess (to our shame no doubt) that we are somewhat costive of our pages and our time in such investigations—both happening to be otherwise more profitably employed. Our notice, therefore, of the litigation under consideration will be brief, and in proportion to the estimation which we form of its intrinsic importance.

We averred, in our last Number, that Dr. Maclean had made very few converts among his professional brethren in this country. He, however, has some disciples—and so would Mahomet or Beelzebub, were they to appear once more on the scene. But, although few—very few, paid any attention to Dr. Maclean's extravagant denial of the contagion of plague, yet his confident assertions and apparently laborious researches respecting the comparatively recent origin of the doctrines of contagion, staggered many people who had not leisure or inclination to wade through an ocean of ancient volumes, in search of information on this particular point. Some of our own countrymen, however, especially the learned Dr. Yeats, did take the trouble of pointing out the erroneous statements of the arch-anticontagionist; but this had not the slightest effect on *him*. His policy and that of his followers is to reiterate incessantly the same statements and opinions, no matter whether true or groundless, so as to tire out opposition, and induce belief, not by strength of argument but by dint of repetition.

Our German and Italian brethren (who often form most ludicrous ideas of what is going forward in this country) conceiving that Dr. Maclean had nearly inoculated all England with his peculiar doctrines, have seriously set about controverting his opinions, and subverting what he calls his *facts*, in certain tomes of recondite lore, of which our respected cotemporary of the North has given a copious account last quarter. For ourselves, we shall be much more brief—partly because we attach much less importance to the subject than some of our neigh-

[*] Dr. Marx—Dr. Onodei—Edinburgh Medical and Surgical Reviewer —*versus* Dr. Maclean and *his Disciples*.

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bours—and partly because the labours of our cotemporaries have now rendered diffuseness on this point unnecessary.

It is well known that Dr. Maclean asserts, that no trace of the doctrine of contagion is to be found in the ancient authors, and that the said doctrine was first promulgated as a state trick, or Popish plot, about the middle of the sixteenth century. It has been well observed by our Northern cotemporary, that the very circumstance of removing the Council of Trent to Bologna, *on the plea of contagion*, proves, in the mind of every unbiassed man, that a belief in the existence of contagion had previously been general or popular. Why attempt to frighten people by a thing of which they could have no knowledge, or with the danger of which they could not at all be acquainted?—Suppose a fever were now to arise in London, and Ministers wished to frighten away the Parliament by representing the said fever as possessing a strange property never before heard of or conjectured—such, for instance, as the power of converting a man's gold into brass—or of changing his three per cent. Consols into Greek Scrip.:—how would the Humes and Broughams and Burdetts laugh at such a bug-bear?—yet such a bug-bear must have been the doctrine of contagion, if no idea of its existence occurred previously to the translation of the Council of Trent.

But we shall have better data than mere reasoning to go on presently.

We shall pass over the customs of the Egyptians—the diseases on the banks of the Serbonis, as described by Plutarch—the flight of the Israelites, supposed to be polluted with itch and leprosy—and the consecration of the Ibis, as quite futile, if not ridiculous arguments respecting the belief of contagion in Egypt. That the Jews, however, believed in contagion, we have "proofs of Holy Writ"—witness the minute directions in Leviticus for purifying lepers, and cleansing houses supposed to be infected with the plague of leprosy or scall. Nothing can be more clear than that these ceremonies were based on a popular belief of the communicability, from person to person, of these disorders.

Among the Greek authors the traces of belief in contagion are very unsatisfactory. Hippocrates no where alludes to it. But although the doctrine is not to be found in the medical writings of the Greeks, Romans, or Arabians, yet it is very certain that the historians and philosophers of those times have recorded their belief in it—and that unequivocally. Omodei quotes the authority of Thucydides, Aristotle, Dionysius of Halicarnassus, Livy, and several others, in support of this position.—The description of the plague of Athens by Thucydides is well known; but it is not supposed to be so much to the point as the event which happened at the siege of Potidœa, a town in Macedonia, where it is represented by the abovementioned historian, that the troops of Theopompus became affected with a fatal disease caught from those under another leader, Agnon. There are passages in Plutarch respecting the plague of Athens, which are supposed to imply a belief in its contagious nature; but they are equivocal. One hundred years afterwards, Aristotle proposes as a matter of enquiry, why pestilence, of all

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diseases, affects, at one time, only those who approach the sick—and at another time, a whole community indiscriminately? Dionysius of Halicarnassus records three visitations of pestilence among the Roman people; but we confess that several of the passages quoted by Marx are very far from satisfactory. One, however, distinctly alludes to the conveyance of a disease by means of animals. Thus, he says, the peasantry were affected by the sheep and other animals with which they *lived* in daily intercourse.

Appian, the Greek historian, who flourished more than a century before the Christian Era, describes an epidemic arising from noxious exhalations in Illyria. The inhabitants of the stricken district fled from their habitations carrying the disease with them, and were refused admittance in healthy situations, for fear of their communicating the pestilence. From this time till nearly 200 years after the Christian Era, there is a hiatus in regard to contagion. Dio Cassius then relates the visitation of a pestilence at Rome, which was of singular fatality. But what is most to the point is the record of a diabolical practice then pursued —namely the destruction of people in various and even distant parts of the Roman Empire, by means of pricks from needles dipped in the pestilential poison.

Eusebius, bishop of Cæsarea, A.D. 340, describes a plague *in* Alexandria, where the Christians, through humanity, performed kindly offices among the sick, and were often, in consequence, smitten with the epidemic; whereas the Gentiles, from terror of the contagion, abandoned the sick, or even thrust them out of doors!*

Father Gregory of Nyssa, was, in his day, the archetype of Dr. Maclean himself—though of a very different stamp. He was a vehement anti-contagionist, and exhorted his flock not to believe in the communicability of pestilential diseases. His doctrines had a humane and benevolent object in view. They did honour to his heart, at least, though probably not to his head. At all events they prove the belief in contagion at that time, just as unequivocally as the volumes of Dr. Maclean would prove the present belief, should they be turned up some fifteen hundred years hence by another contagionist or anti-contagionist.

Five centuries and a half after the birth of Christ, a terrific pestilence scourged almost the whole of the then known surface of the habitable globe. Nobody, now a days, would imagine that such an epidemic could *arise* from contagion;—but few sensible or observant physicians could entertain any doubt that innumerable sources of contagion must have been formed during the prevalence of such universal sickness.

* We may here remark, once for all, that we do not bring forward Dr. Marx's researches as proofs of actual contagion, but of the belief in its existence among the Ancients—a fact denied in the strongest language by Maclean and his disciples. The Gentiles may have been wrong in their opinions, and certainly they were most culpable in their conduct; but the record of their inhumanity is a proof of their credence in the doctrine of contagion.

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Hence we cannot wonder that two historians, Evagrius and Procopius, should have maintained diametrically opposite opinions—one, that the disease was contagious—the other, that it was destitute of any such character. They had, both of them, materials and grounds for their opinions. Both of them were ultras, or exclusionists—and both of them were wrong, as is the case to the present hour. The testimonies on both sides, however, unequivocally prove that belief in contagion then obtained. One of these historians asserts that persons flying from infected cities into the country carried with them the fomites of the disease; which was there propagated to others, though they themselves sometimes escaped. So much for Evagrius. Procopius avers that the attendants on the sick, and even those who buried the dead, often escaped, and that those of the attendants who took the disease, did so from fatigue and drudgery.

Cedrenus, while giving an account of a pestilence that issued (as was the opinion) from Ethiopia, and ravaged Europe and the East for fifteen years, is remarkably particular respecting *fomites*, as a mode of propagating the disease. He affirms that the subtle poison, or contagious matter, lurked in the garments of those who had been affected with the pestilence, and thence induced it in others. And yet after such testimony as this, Dr. Maclean and his followers will triumphantly tell you that no idea of contagion was entertained till the translation of the Council of Trent. They will tell you this over and over again, knowing it to be—*the reverse of truth.*

Dr. Marx quotes several passages from Aretæus in proof of his belief in contagion. Some of them are equivocal—one at least is convincing. Speaking of elephantiasis, he characterises the disease as not only frightful and loathsome to behold—but also *as contagious as the plague.* Galen is also quoted by our author; but not much to the purpose. This venerable father in the healing art evidently considered several diseases contagious, and among others consumption; but his opinions are mixed up with such absurdities as to produce but little effect on the unprejudiced mind.

Paul of Ægina follows Aretæus, in considering elephantiasis *as infectious as the plague.* From this time the doctrine of contagion appears to be lost sight of for many centuries among philosophers, historians, and physicians. The reasons which have been assigned for this mysterious silence are quite unsatisfactory—indeed, we consider the hiatus as incapable of explanation at this period.

In turning to the Roman authors, Lucretius is the first examined by Dr. Marx. His doctrine approaches very nearly to the most general conviction of the present day—namely, that pestilential diseases arise, at first, from changes in the air or exhalations from the earth, and afterwards, when fully established or epidemic, that they are propagated by contagion. So Ovid.

> "Corpora fœda jacent, vitiantur odoribus auræ
> Adflatuque nocent, et agunt contagia latè.
> Quo propior quisque est, servitque fidelius ægro,
> In partem leti citius venit." *Metamorp.*

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It must be confessed, however, that the language of poets is not that which we would wish to use in arguments of this kind. The historian is a more respectable authority than the poet.

Livy's testimony is the most unequivocal of all. Speaking of the epidemic at the siege of Syracuse, he says (what indeed we quoted many years ago ourselves) "et primo temporis ac loci vitio et ægri erant, et morisbantur: postea *curatio ipsa et contactus ægrorum vulgabat morbos.*" Nothing can be more complete testimony than this.

We must pass over a host of Latin writers, in order to advert to the testimony of Cœlius Aurelianus, an accomplished and able physician, who treats at great length on contagion and contagious diseases. This author considers elephantiasis, hydrophobia, and pestilence, as contagious. Some other testimonies are adduced from the Arabian physicians, requiring no notice in this place.

In respect to the state of the question in the middle ages, and for some time after the revival of learning, Omodei is the author to be consulted by the curious.

Muratori informs us that, in 1340, a pestilence prevailed in Italy, and was supposed to be imported from Egypt, Syria, or Greece. There were no quarantine laws in use then—at least no effectual means of preventing the introduction of contagious matters. *In 1348*, another epidemic ravaged Florence, Bologna, and some other places, its origin being attributed to importation from the Levant, in Venetian and Genoese vessels. From these countries, it is said to have passed into France, Germany, and England. It was at this time that precautionary measures began to be put in force. Numerous authorities are here produced to shew that the plague of 1348 was propagated by contagion, and by articles worn or handled by the sick—that is by *fomites*. Against this plague, the governor of Venice put in force several police regulations—which were afterwards imitated by many other states and cities.

It was in the year 1481, that Marsilius Ficinus wrote his *Consilium Contra Pestem*, in which the modes of purification and prevention are fully treated of—and that upon the authority of ancient and modern physicians, of which his father was one. In those days, there were anti-contagionists, as well as in our own. Thus Varignana, a Professor of Medicine at Bologna, denied any contagious property, not only in plague, but in small-pox and measles! Gentilis, not so fortunate as Maclean, died of plague, denying its contagious character with his last breath! At the same time, it is proper to state that most medical writers of this period appear to have considered the cause of plague as a common evil to which all were exposed by living amidst corrupted air. There were exceptions, however, as in the case of Raymond da Vinario, who was an eye-witness of several epidemics in the city of Avignon, in the 14th century. In a manuscript on plague, left by this physician, he states it to be dangerous to have intercourse with the sick—or to approach those who come from infected places. He says that a single individual may infect a whole family, or even a city.

But some of the precise notions of contagion, as entertained in the pre-

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sent day, appear to have originated with Professor Forli of Padua, who died in 1413. He considered as contagious the pestilent diseases derived from touching the sick or their clothes—and recommends the magistrates to cause them to be removed, and put under the charge of old women not very apt to receive the infection.

We shall quote but one more authority for the belief in contagion prior to the date assigned for such belief by Dr. Maclean. This is Alexander Benedict, who taught medicine at Padua and Bologna. He published a Treatise on Pestilence in 1493, in which he maintains that the disease may be received by touching patients, and moreover affirms that the morbid principle is imbibed and retained in articles of dress, &c. used by the sick. Besides the separation of the sick, therefore, and the cutting off communication between them and the well, he recommends the purification of all articles of clothing which have been touched by the infected persons—an admonition not distinctly given by any physician previously.

We have now waded through a sea of researches, accumulated by the industry of two learned foreigners, presenting a very small percentage of their labours, which we thus place on record, rather as matters of curiosity than of any real utility. We never, indeed, could see the very great importance of referring back to the ancients for evidence of that which passes before our own eyes. There is no man of any practice in this country, who has not seen fever prove contagious—nor any of the present generation who have been in plague countries, who have not seen the same thing of plague, not even excepting Dr. Maclean himself, as the seams in his groins to this day testify.

It is almost needless to say, that the assertions of the last mentioned writer, respecting the origin of the doctrines of contagion, are now contradicted by a host of evidence quite irresistible.

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2. *Coroner's Inquest—St. George's Hospital.* We have long been inclined to believe that CANDIDE was right in his creed of OPTIMISM. We do not agree with Pope, that "whatever is, is right"—but we firmly believe that there is no evil permitted in this world, without its attendant good—however invisible that good may sometimes be to short-sighted mortals. This view of the matter is consistent with the general benevolence of the Deity—and with the merciful dispensations of Providence, as manifested by the ever-varying events of the world around us. But although we may reverence the wisdom of our Creator in permitting evil agents to work good, it certainly is not to be expected that we should love or approve those agents themselves. The tornado which clears the air of pestilence, and the earthquake which gives vent to subterranean fires, are objects of horror in themselves, however beneficial in their consequences; and it is just so, though on a smaller scale, with those evil agitators and dark maligners who go about endeavouring to disturb the peace of society, and traduce the characters of their fellow-creatures, for the most selfish or wicked purposes, though with the ultimate effect of putting honest men on their guard, and thus

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preventing even the approach to error or neglect. Such maligners we must regard as evil spirits permitted to prowl on earth for the general benefit of mankind. They do good against their will. By their endeavours to calumniate merit, they render it more conspicuous; while the very attempt has a tendency to repress delinquency in other quarters.

We have been led into these reflections by a recent note of alarm sounded by some of these agitators, with a libellous accusation against one of our public institutions. A gentleman's servant, having met with an accident, was sent to St. George's Hospital, where he died five or six weeks afterwards. The minds of his master and fellow servants, who occasionally visited him, were poisoned by some idle reports or false impressions in the Hospital, and in consequence of this, a Coroner's Jury, in the plenitude of passion and ignorance, pronounced a verdict that reflected not only on the skill of the surgeons, but on the humanity and cleanliness of the nurses of the hospital. This, of course, produced a considerable sensation in the public mind, and the accusers thought they had effected their object of throwing odium on the hospital and its officers. But an open committee of the governors having sifted the whole transaction to the bottom, the frivolous and vexatious nature of the charge was so completely established, that the principal prosecutor (the master of the deceased, who had been *led astray* in the first instance) presented the Hospital with *one hundred pounds*, as an atonement for the outrage which he had, under false impressions, committed on the feelings of the surgeons who had the charge of the patient. Several others, we understand, who joined in the cry, have since made pecuniary expiation of the errors into which they were led.

Now, although it is evident that, in this instance, as in almost all others, good has sprung from evil, yet we think a lesson has been taught the medical officers of our public institutions, which it behoves them still further to profit by, for the sake of their own characters, and the good of society at large; we mean the propriety, not to say the necessity, of keeping an accurate and authentic registry and history of every important case which is treated within the walls of a public hospital. In every institution of this kind, there are intelligent pupils who are perfectly willing and able to keep these records—and we do maintain that such documents would at once supersede all idle gossip and malignant misrepresentations, which we have seen to be admitted as evidence on a coroner's inquest, and published in the daily prints, to the disgrace of all medico-legal proceedings in an enlightened age and nation.

But independent of the above considerations, the interests of medical science, and the good of the community, imperiously demand that the practice of our public hospitals should be rendered as extensively useful as possible, through the medium of *authentic reports*. This is no Utopian proposal. We see it in full and beneficial operation in other countries; and the rising spirit of inquiry will force its adoption in every country of Europe. Much as we detest the malignant and the false *reports* which have lately been spread respecting certain hospitals, we

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confess that we are not sorry to see the temporary evil, because we are convinced that it will accelerate the ultimate good. Are British physicians and surgeons afraid or ashamed of having their practice recorded and laid open to every eye? We hope and believe they are not. Then, why should they not follow the example of their Continental brethren, and benefit the profession and society at large by faithful hospital reports? We tell them again that, sooner or later, they will be *forced* to adopt this measure, and the sooner they do it, the sooner they will break the chain of misrepresentation by which they are daily dragged before the public, to the injury of their own characters, and the disgrace of the profession.

We cannot drop this subject without animadverting on the conduct of some individuals of the medical profession who seem ever ready to fan the flame of popular accusation against our public institutions and their officers. Such conduct is calculated to injure the profession generally in the eyes of the world—and assuredly is not the way to raise their own character. None, even of the most ignorant, will give them credit for any other motives than jealousy of others, or the blind hope of bringing themselves into notice. Blind hope, indeed! such notice will only illuminate their own disgrace.

P. S.—After the above was printed, we read the remarks of "a disinterested physician," on the aforesaid inquest, in the last No. of the Medical Repository. While we agree with this writer in many of his observations, we differ from him, toto cœlo, in one important point. He maintains that a Coroner's Jury has no business with the medical treatment of a patient in an hospital; we, on the other hand, contend that the jury has power to inquire into, and comment upon, every thing that has occurred to a patient, from the time he receives the accident or other cause of death, till the death itself. We shall put this in a clear point of view by an example.

A. receives a blow from B. in a scuffle, and is carried into an hospital. The surgeon prescribes a black draught, and C. the house-surgeon, or apothecary, from negligence or inattention, sends a phial of laudanum, which A. drinks, and dies in 24 hours. The Coroner's Jury is summoned, and they are told that they have nothing to do with the treatment of B. while in the hospital. They, therefore, find that the deceased died in 24 hours after a blow from B. and they bring in a verdict of homicide, or perhaps murder. Here we see what mischief would follow from the doctrine of "a disinterested physician." A charge of homicide would be wrongfully brought against B. while C. by whose negligence the man was poisoned, would be screened from all censure. Is it not manifest that the jury had the power of enquiring into the treatment of B. at the hospital, and of giving their verdict—"died by poison administered from negligence by C."

We are well aware, indeed, that, from the nature of a Coroner's inquest, and the imperfect evidence produced there, the verdict is very often wrong. We see this every day. Nothing is more common than to find

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the Coroner's Jury bring in a verdict of *wilful murder*, which is afterwards proved to be only homicide of the least culpable kind. But the people of an hospital have no exemption from such occurrences, and must participate the danger of them with the rest of the community.

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3. *New College of Physicians.* This elegant new edifice opened with great splendour on the 25th of June last, there being present several Members of the Royal Family, many of the nobility, and, in short, a large concourse of the most distinguished personages, professional and non-professional. The Oration was delivered by the President, Sir Henry Halford, bart. with much dignity, and though conveyed in a dead language, which it is always difficult to follow in a speech, it evidently produced a considerable effect on the audience—especially that part of the Oration which alluded to the late, and ever to be regretted Dr. Matthew Baillie. We think we shall best illustrate the matter and manner of the President's Oration by extracting this passage, to which we take the liberty of annexing a liberal translation, for the benefit of those who are not accustomed to the style in which the Oration is constructed.

"In hoc dilecto nomine fas sit mihi commorari paulùm, et dolere, quòd huic excellenti viro, tot annos in eâdem nostrâ illâ laboriosissimâ vitæ ratione comiti, socio, amico, singulari in hanc domum pietate, hisce comitiis celebrioribus, huic solemnitati, huic illustrissimorum et nobilissimorum Hospitum cœtui non licuerit interesse: quanquam eum famæ satis diù vixisse scio, æternæ felicitati, quod humillimè spero, benè satis. Et enim, patre usus pio, à primâ usque adolescentiâ in explorando corpore humano fuerat versatissimus; et ex hâc studiorum ratione sapientiam et potentiam Dei maximâ admiratione, summâ veneratione contemplatus est. Postèà verò, cùm ad medicinam exercendam se accinxisset, facilè sensit, quantulùm corpori, morbis et ægrâ valetudine laboranti, subventurus esset Medicus, nisi qui animi quoque motus, vires, adfectus, perciperet: animi, scilicet, unius et ejusdem cum corpore, tamen diversi,—consociati cum illo, sed distincti,—in ejus compagibus inclusi et involuti, nihilominùs tamen liberi—immortale quid perpetuò præsentientis atque præmonentis, et illud futurum cupientis, tamen et metuentis. Ab his contemplationibus potentiæ ac majestatis divinæ ad debitum numini cultum præstandum incitatus est, ad fidem in Deo habendam, et ad totum se ei submittendum. Hinc pia illa vivendi regula, hinc spectata integritas. Hinc illi omnia graviter, humaniter, amabiliter mos erat cogitare;—hinc, quod cogitaverat, planissimè ac verissimè dicere;—hinc nihil alteri facere, quod sibi faciendum nollet;—hinc candor, caritas:—sed me reprimo; quanquam haud vereor, Optimates, ne vobis in præstantissimi hujus viri laudibus longior fuisse videar: quippe vestrûm quamplurimi sanitatem ejus judicio et consiliis acceptam refertis. Nec timeo, ne mihi succenseatis, Socii, quòd eum his saltèm accumulaverim donis, qui tantum sibi vestrûm omnium amorem vivus conciliaverit; qui industriæ, benevolentiæ, sanctitatis, innocentiæ exemplum (quod omnes utinam imitemur!) reliquerit." 15.

Translation. "And here I would pause, for a moment, on that beloved name (M. Baillie),—here express my grief that he, all excellent as he was—he, so many years of a laborious life, my companion, associate, friend—should have been doomed never to see the dedication of this place—never to mingle with this concourse of illustrious guests! He has gained fame on earth—and, I confidently hope, eternal felicity in Heaven. From his earli-

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est years he had been engaged in the study of the human fabric, and, from this study he learnt to look with wonder and veneration on the power and omniscience of his God! But when he entered on the duties and practice of his profession, he knew right well how little—how very little, the physician could assist the efforts of the body to throw off disease, unless he were thoroughly versed also in the motions, the powers, and the affections of the mind—of that mind, I say, which is one and the same with the body, and yet different—associate of the body and yet separate and distinct—shut up and knitted in its frame work, yet free and unconfined—ever 'longing after immortality,' ever looking forward to that 'inevitable bourne,' yet glancing back with instinctive awe and fear! By this unceasing contemplation of the power and majesty of the Creator, he was taught to revere his commands—to place a firm reliance in him; and submit himself entirely to his parental care. Hence that pious life—hence that tried integrity—hence that constant habit of saying, in simplicity and truth, what he thought—of doing unto others as he would they should do unto him—hence his truly candid and charitable disposition. But I must restrain my feelings, although I never could dwell long enough on the virtues and merits of that honoured name—a name which will not be considered as overpraised by you, many of whom, perhaps, owe your health and existence, at this moment, to his consummate skill and judgment. I cannot fear that you will reproach me with adulation of Baillie, dead, who, when living, was in the hearts of all:—who has left behind him a most ennobling example (may we all imitate it) of industry, benevolence, piety, and innocency of heart." 15.

The whole oration is written in pure classical latin, though sometimes rather abstruse. We are very glad that the President took so favourable an opportunity of repelling the stigma of scepticism and irreligion, which the world at large is disposed to affix on the Medical Profession. This testimony as to the sentiments of a man who was deservedly at the head of his Profession—and coming as it now does, from such authority, will have a beneficial effect on the public at large, and also on medical men themselves. It was on this account that we selected the passage in question, in order that we might give it every possible publicity.

XI.

ANALECTA MINORA,

OR

MINOR PERISCOPE.

——————— sparsa Colligens

1. *Application of Leeches.** There is sometimes considerable difficulty in persuading these little vampyres to do their duty—and particularly to do it in the very place where we wish it to be done. It appears that the more humble limbs of the Profession in Naples, namely the Barber-surgeons, have

* Dr. Milne, resident Physician at Naples.

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a talisman which is sure to make the leech implicitly obey the mandate of his master. This talisman is neither more nor less than a feather plucked from the tail or wing of a young pigeon (a bird which they rear for this purpose) with the spongy bloody point of which they touch the part where they wish the bite to be made. They then apply the leech which instantly and invariably makes the aperture on that spot. By this manœuvre they plant, in a few minutes, any number of leeches on any given point of the body's surface.

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2. *Ovarian Dropsy*. The attention of the Profession is now considerably excited towards the treatment of this opprobrium medici et chirurgi, in consequence of the cases recently published by Mr. Lizars. The following retrospection may, therefore, not be unacceptable at the present moment.

In the year 1724, Mr. Houston published, in the 33d volume of the Philosophical Transactions, a case of ovarian dropsy cured by a surgical operation. Mr. H. first introduced a trocar, but found that the contents would not flow. He then made an incision with a scalpel, five inches in length, but still the fluid was of too consistent a nature to make its issue even through such an opening. Mr. Houston, therefore, had recourse to an instrument something like a large spoon, by means of which he dug out the contents of the cyst, being partly of a pultaceous, partly of a gellatinous consistence. An immense mass was thus removed, after which he brought the sides of the wound together, and secured them by suture, leaving an aperture, however, through which there continued, for some time, a discharge from the cyst. Finally, the wound closed entirely, and the woman was perfectly cured.

It appears that Le Dran was in the habit, in the latter years of his life, of making large incisions into ovarian dropsical cysts, and keeping them open by means of tents, and even of leaden tubes. He sometimes threw in stimulating injections, and by these means often reduced the cysts to a very small volume, though there always remained a fistulous opening afterwards, except in one case, where the fistula ultimately healed, and the cyst did not again fill.—*Mem. de l'Acad. de Chir. vol.* ii.

Thus we see that instances may be collected from the records of Surgery, where ovarian dropsies have been cured by operations less terrible and dangerous than the total removal of the cyst by gastrotomy. Might it not be advisable to have recourse to these older methods prior, at least, to the new operation?

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3. *Corpora Lutea*. These were long considered as evidence of impregnation. Latterly they have not been looked upon as unequivocal criteria, and it has been concluded that they may sometimes owe their origin to sensual intercourse or excitement. A fact related by Dr. Beck, in his Medical Jurisprudence, proves that none of the alleged causes are essentially necessary for the production of the phenomena in question. He states that Dr. Mackintosh of Edinburgh and Dr. J. Scott examined the body of a child only *five years* of age, in whom the hymen was perfect, but whose ovaria presented numerous corpora lutea, as distinct as in the adult impregnated female.

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4. *Mercurial Ointment*. M. Hernandez has proposed to the Society of Pharmacy of Paris, a new mode of preparing the unguentum hydrargyri. It consists in heating the mortar, in which the ointment is to be prepared, so

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as to liquify the lard. As the lard cools the mercury becomes incorporated with it in a far more speedy manner than by the method now in use.

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5. *Antidotes.* Antidotes to hydrocyanic acid and opium are said by Mr. John Murray (Ed. Journ of Science) to be positively found in ammonia and acetic (not acetous) acid. This assertion he supports by experiments on animals. As to the hydrocyanic acid we have nothing to say; but in the antidote to opium we should put little faith. The best antidote is the removal of the substance from the stomach; and as this can now be done mechanically, no medical practitioner should be without an apparatus for the purpose, otherwise he runs the risk of injury to his reputation, when the emergency occurs.

☞ As the instrument is rather expensive, and as it is not likely that more than one person shall poison himself at a time in a town, we suggest (what indeed we know to be now put in practice in several places) that two or more medical men in each town should join, and have an apparatus for common use, deposited in a situation where it could always be found without delay.

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6. *Euphorbia Lathyrus, or Caper Spurge.* We drew the attention of our brethren last quarter to this new purgative, which seems to combine all the good qualities of the oil of croton, without any of its repulsive properties. M. Caventon, we are informed in a late number of the Revue Medicale, has made experiments on the oil of the seeds of this plant, and finds that six or eight drops purge copiously without griping. The oil is so inodorous and tasteless that it may be given to children on sugar or otherwise, without their suspecting physic—no mean advantage. It now costs about ten pence an ounce in Paris, and this quantity is calculated to be sufficient to purge briskly 96 adults! We advise our pharmaceutical brethren to supply themselves as soon as possible with this useful and cheap expurgator of the chylopoietic organs.

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7. *Variolous Eruption.* Mons. Velpeau has lately read a memoir, before the Royal Academy of Medicine of Paris, tending to prove that, if, during the first two days of the variolous eruption, we cauterise the pustules by means of a probe dipped in solution of lunar caustic, the progress of the pustules will be arrested. If this be done at a later period, the duration of the pustules will be curtailed—and, at all events, the marks of their existence will be entirely prevented. He appeals to Messrs. Bretonneau, Billard Dumeril, and Serres, for evidence of the truth of these assertions.

☞ If this be confirmed by other practitioners, it will be of considerable importance in a cosmetic as well as pathologic point of view.

Dr. Philip to the Editor.

It was particularly gratifying to Mr. Brodie and myself, that M Breschet and Dr. Edwards of Paris, in a repetition of experiments made by us about four years ago, confirmed the results we had obtained. In a later paper, the same gentlemen have given an account of some additional experiments which have led them to inferences, some of which are in opposition to ours. I shall here make a few observations on these inferences in the order in which they occur in the paper, which is rendered the more necessary by the respectability of the quarter from which they come.

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The first is "that the division of the eighth pair of nerves," that is with loss of substance, "considerably retards, but does not arrest, the digestive process."

This operation certainly can have no effect in preventing the action of the gastric fluid secreted before the operation, and which has accumulated in the stomach. But from the facts, that the longer the animal lives after the operation, the less digested food is found in its stomach, and that, if it survives long, the undigested food alone remains in it, points we have ascertained by many trials; and from experiments made on the newly dead animal which are related in my Treatise on the Vital Functions, it appears that the secretion of gastric fluid is immediately arrested by this operation.

2. "That the defect in the digestive process, in the case before us, depends on the paralysis of the muscular fibres of the stomach."

In our experiments we always found that the stomach discharged its digested contents into the intestine as readily after as before the operation.

3. "That the vomitings which often follow the division of the nerves depend on a paralysis of the muscular fibres of the œsophagus."

We always found that the function of the œsophagus was as well performed after, as before the division of the nerves, the animal continuing to swallow with the same ease as in health.

4. "That the re-establishment of the digestion, after the division of the nerves, by electricity, does not depend on any chemical action of that agent, but on its exciting the movements which are necessary for renewing the surface of the alimentary mass, and bringing, by turns, its different parts into contact with the surface of the stomach."

I have just had occasion to remark that we always found that the stomach discharged its digested contents into the intestine as readily after as before the operation. Indeed, if the stomach and bowels be wholly removed, even in the newly dead animal, and thus all their nervous connexions destroyed, their peristaltic motions continue for some time unimpaired.

5. "That by mechanical irritation of the extremity of the lower portion of the divided nerve the same results, though less marked, are obtained as from electricity."

Mr. Cutler, at my request, was so good as to repeat the experiment from which this inference is made on a rabbit. We were both perfectly acquainted with the appearances of the rabbit's stomach under the various circumstances connected with such experiments, and feel no hesitation in saying that, where the mechanical irritation employed by M. Breschet and Dr. Edwards had existed for eight hours, during which the animal lived after the operation, the appearance of the food, which it had eaten just before the operation, was exactly what it would have been from the removal of part of the nerve, had no cause of irritation existed. The stomach was filled with masticated parsley in the state in which it was swallowed. Mr. Brodie also saw the food, and agreed with us.

6. "That the chief function of the pneumogastric nerves, as far as relates to the organs of digestion only, is to regulate the movements of the stomach which accelerate digestion by facilitating the contact of the gastric fluid with the different parts of the alimentary mass."

The reply to this statement is made in what is said of the second and fourth statements.

I remain, dear Sir,
very faithfully yours,
A. P. W. PHILIP.

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XII.

BIBLIOGRAPHICAL RECORD;

OR,

Works received for Review between the 15th of June, and the 15th of September, 1825.

1. A Treatise on the different Methods of investigating the Diseases of the Chest, particularly Percussion, and the Use of the Stethoscope. Translated from the French of M. Collin, with an additional Preface. By W. N. Ryland, M.D. Small Octavo, pp. 67, with a Plate. Burgess and Hill, July, 1825.

☞ *This is a Translation of the little Work noticed at page* 91 *of Vol.* I. *of this Series. It is a very useful Pocket Companion while studying the Use of the Stethoscope, and the general Means of ascertaining the Nature of Thoracic Diseases.*

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2. Observations on Gout, critical and pathological; or an Analytical Survey of the Views at present entertained of the Nature of that Disorder; with Practical Remarks on the injurious Effects of Colchicum, and on certain Modes of Diet. By A. Rennie, Surgeon, &c. 8vo. pp. 179. Underwoods, July 1825.

☞ *As the Author is preparing for the Press "a Treatise on Gout, pathological, therapeutical, and practical," we shall wait its appearance before we proceed to a Review of the present Work, which is only preliminary.*

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3. Practical Commentaries on the present Knowledge and Treatment of Syphilis: with coloured Illustrations of some ordinary Forms of that Disease. By Richard Wellbank, Member of the Royal College of Surgeons, &c. 8vo. pp. 50. Longman's, 1825.

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4. The Edinburgh Medical and Surgical Journal, for July 1825. 8vo. pp. 224, with plates. (*In exchange*).

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5. Military Medical Reports; containing Pathological and Practical Observations, illustrating the Diseases of Warm Climates. By James M'Cabe, M.D. &c. 8vo. pp. 253. London and Cheltenham, 1825.

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6. A Short Account of the celebrated Saratoga Mineral Water, in the State of New York, North America. 8vo. sewed, pp. 8. 1825.

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7. Practical Remarks upon Indigestion; particularly as connected with Bilious and Nervous Affections of the Head and other Parts; including Observations upon Disorders and Diseases of the Stomach, and superior parts of the Alimentary Canal. Illustrated by Cases. By John Howship, Assistant Surgeon to the St. George's Infirmary, &c. &c. &c. 8vo. pp. 192. Longman's, July 1825.

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8. A System of Anatomical Plates, with descriptive Letter-press. By John Lizars, F. R. S. E. Part VIII. The Brain, second and concluding Portion. Coloured after Nature. Price £1. 1*s.* coloured.

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☞ *It is enough to say that this Portion is equal to any preceding one, and superior to several. The character of the Work is now established at home and abroad.*

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9. A Course of Dissections for the Use of Students. By Herbert Mayo, Surgeon and Lecturer on Anatomy. 8vo. pp. 284, with Plates. Price 7*s* 6*d*. London, July 1825.

☞ *We have looked over this Course of Dissections, and we venture to predict that it will be found more completely adapted to the practice of the Dissecting Room than any Manual hitherto published in this country. It would be the better for an Index, in addition to the Table of Contents.*

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10. The Medical Recorder of Medicine and Surgery. Nos. 25-6-7-8-9, for the years 1824-5. Conducted by Samuel Colhoun, M.D. &c. &c. Philadelphia, 1824-5. (*In exchange.*)

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11. Oratio in Collegii Regalis Medicorum Londinensis Ædibus Novis, habita die Dedicationis Junii XXV, MDCCCXXV. Ab Henrico Halford Baronetto, Medico Regis Ordinario, Præside. Londini, 1825. Quarto, pp. 16.

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12. Lofrede op Hermanus Boerhaave. Door J. L. Kesteloot, Aan Wien de Uitgeloofde gouden &c. &c. Leiden, 1825, pp. 75.

☞ *This Historical "Eloge" of the immortal Boerhaave procured for its able Author, Dr. Kesteloot of Ghent, the Grand Medal from the Academy of Amsterdam.*

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13. Josephi L. B. de Quarin, Animadversiones Practicæ in diversos Morbos. 1. Morbi Acuti. 2. Morbi Chronici. Editio Viennensi, accatior atque emendatior. Curavit, præfationemque adjecit J. L. Kesteloot, M D. &c. Two volumes, 8vo. pp. 286 et pp. 253. Gand, 1820.

☞ *This Work is written in very perspicuous Latin, and contains a fair Epitome of the Nature, Symptoms, Causes, and Treatment of Acute and Chronic Diseases. Quarin was a Physician of considerable eminence at Vienna, about the middle of the last century. He was Physician to Joseph the Second, Emperor of Germany, who made him a Baron, and gave him a Thousand Golden Sovereigns for candidly telling his august Master that he had but a very short time to live. "Augustissimus Œges cordato Medico gratias quam maximas persolvit. Missis postridie ad eum litteris Autographis, quibus Baronum ordini adscribebatur* Quarinus, *titulisque hisce honorificentissimis insuper donum junctum erat mille nummorum imperialium Aureorum."*

We beg to return Dr. Kesteloot many thanks for the above volumes, and for the flattering expressions contained in the Letter which accompanied them.

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14 Remarks on Irritative Fever, commonly called the Dock-yard Disease; with Mr. Dryden's detailed Account of the Fatal Cases, including that of the lamented Surgeon, Dr. Bell. By John Butter, M.D. F.R.S F. L. S. &c. Fellow of the Royal College of Physicians of Edinburgh, &c. &c. 8vo. pp. 302. Plymouth and London, 1825.

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15. Note sur les Contractions Musculaires produites par le Contact d'un Corps solide avec les Nerfs, sans Arc Galvanique. Par W. F. Edwards, M.D. 8vo. sewed (Extract des Annales des Sciences Naturales) Paris 1825.

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16. A Compendious System of Midwifery, chiefly designed to facilitate the Inquiries of those who may be pursuing this Branch of Study. Illustrated by Cases, with Fourteen Engravings. By Wm. P. Dewees, M.D. Lecturer on Midwifery, &c. 8vo. pp. 628. London (reprinted) 1825.

☞ *Dr. Dewees has, we believe, been a distinguished Practitioner and Teacher of Midwifery for 30 years past, in Philadelphia. His Work is greatly esteemed in his own Country, and we look upon it as one of the best systems of Obstetric Practice which we possess. We shall take an early opportunity of giving some further account of the Work.*

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17. Practical Observations on certain Pathological Relations which exist between the Kidneys and other Organs of the Human Body, especially the Brain, Mucous Membranes, and Liver. By John Fosbroke, Surgeon, Cheltenham. 8vo. pp. 144. Cheltenham and London, August, 1825.

☞ *In our next.*

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18. Medical Researches on the Effects of Iodine in Bronchocele, Paralysis, Chorea, Scrofula, Fistula Lachrymalis, Deafness, Dysphagia, White Swelling, and Distortions of the Spine. By Alexander Manson, M.D. Physician to the General Hospital, and St. Mary's Hospital and Dispensary, Nottingham. 8vo. pp. 450. Longman's and Co. London, August 1825.

☞ *This is an important Work, full of facts, and sparing of theories We seriously recommend it to the attention of every practitioner, on account of the efficacy of the remedy, and the obduracy of the diseases in which it has been fully employed. More in our next.*

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19. The Philadelphia Journal of the Medical and Physical Sciences, Edited by Drs. Chapman, Dewees, and Godman. No. 1 of a New Series. 1825. *(In exchange.)*

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20. The Science of Surgery; or the Principles of Pathology made the Basis of Medical and Surgical Practice; by which the Healing Art is considerably simplified—established upon three Morbid Conditions of the System; and extricated from a Labyrinth of useless and erroneous Terms, Classes, Orders, &c. By. W. W. Sleigh, Esq. Lecturer in London on Anatomy, Physiology, and Surgery, &c. &c. Vol. 1. 8vo. pp. 318. Anderson, London, August 1825.

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21. The Syphonic Theory, or brief Observations on the Circulation of the Blood, and on Respiration as connected therewith. By Edward Hopley, Surgeon, R.N. 8vo. stitched, pp. 40. Price 1*s.* London, August 1825.

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22. Conversations on the Theory and Practice of Physiological Medicine; or Dialogues between a Savant and a young Physician, a Disciple of Professor Broussais; containing a concise Exposition of the new Medical Doctrine, and a Refutation of Objections brought forward against it. Translated from the French. 8vo. pp. 326. August, 1825. Price 9*s.* bds.

☞ *An amusing and very complete Exposition of the Doctrine of Broussais, commonly called the "New Physiological Doctrine," is now published in an English dress—and although we are far from agreeing with its celebrated Author in all his Doctrines, we think this Book is extremely well worth the perusal, and we accordingly have no hesitation in recommending it to all Book Societies, and to all individuals, concerned in the controversy now raging with such violence on the Continent.*

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edition, and the remarks on them, were made by a general practitioner, who has been actively engaged in practice, and in accumulating facts, for thirty-five years; and he flatters himself that the additions the Work has received, will, in a practical point of view, be deemed, by competent judges, very valuable." This is a strong recommendation, and, indeed, the Work appears to be well calculated for the general Practitioner.

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36. On the Removal of Stone from the Bladder, without the Use of Cutting Instruments; containing a general review of the subject, together with a description and plates of the instruments invented by Dr. CIVIALE and others, and details as to the mode of using them. By H. G. BELINAYE, Esq.

"On y trouve, parmi une foule de procedés que l'opinion ensevelit en naissant dans les livres de leurs auteurs, quelques procedés heureux que le genie enfanta, que l'experience a consacré."—*Desault, Operation de la Taille.*

London, Published by Callow and Wilson, Medical Booksellers, 16, Princes-street, Soho. MDCCCXXV.

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37. Dissertatio Medica Inauguralis de Febre Bataviæ Endemica. Auctore ROBERTO ARMSTRONG, M.D. et in Classi Britann. Chirurg.

☞ *This able Dissertation is full of valuable practical Facts drawn from Personal observation. It is very creditable to the Author.*

*** NOTE.—Authors and publishers will readily appreciate the importance of having their works recorded, with full length titles, on this list, which stands as a perpetual advertisement so long as the Journal lasts, and as far as it extends. The republication of the Journal in America enhances the advantages of the BIBLIOGRAPHICAL RECORD, on which no work can be entered, unless transmitted, free of expence, to the Editor, under sealed cover to the publishers, or in any other way most convenient to the parties concerned.

N. B.—As the Bibliographical Record closes on the 15th of the month preceding publication, all Works received after that date necessarily stand over till next quarter.

XIII.

EXTRA-LIMITES.

I.

Dr. Gordon Smith to the Editor.

Dear Sir,—You will oblige me by inserting in the next Number of your Journal, the following observations, suggested by the manner in which your Reviewer of my work, on Medical Evidence, has quoted and animadverted on a passage contained in that book. My desire is to treat the matter amicably and dispassionately; while at the same time justice to the Profession as well as myself, requires that I should submit something in the way of explanation.

The passage in question is brought forward in pp. 175 and 176; and standing, as it there does, carries an import which I little expected to recognise in it, and one which I never intended it to bear. This arises partly from its being separated from the context; but, in no small degree, perhaps, from unfair typography. In the original there are but three words printed in a distinguished manner, and these it was almost imperative so to

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print—whereas, in the Journal, there are others exhibited, in the same way by which their "*sarcastic*" tendency is somewhat strained.

I am quite aware that it would not become me to answer the charge against those who have been occupied with the cultivation of Forensic Medicine. The study is a new, and hitherto, unprofitable burden; for which some may consider that they owe us no thanks; but it may afford a ray of consolation to reflect that opposition has generally waited even on those who have become acknowledged benefactors to science: of this I have no doubt that, whenever there shall be more "fees" to be got in Westminster Hall, than in the sick-room, Forensic Medicine will be considered a most useful as well as important study, and medico-legal knowledge will not lack cultivation. The gravamen however of the present case is, that I have contributed to throw discredit on a branch of medicine, extensively cultivated and highly esteemed—in doing which, I have laid myself open to an imputation of illiberality. I shall not enter farther into the merits of the question than can be done by a brief elucidation of the particular point at issue. The subject at large is one that would require much greater scope than can here, on either side, be afforded; but it is one into which I certainly should not shrink from going, were it required of me. At the same time I would remark, that the point actually calling for notice is not the importance or utility of midwifery itself, for that I maintain to be not unfairly treated even in the passage alluded to, but an abuse which belongs to that study in common with several others, composing the aggregate of medical education.

It is true that I have exemplified this abuse by quoting a practice on the part of too many accoucheurs, which, if generally followed, must destroy the efficacy of the medical schools, as the only sources to which we have to look for a continued supply of able and reputable practitioners, in whatever department; but I have brought no charge against either midwifery or its cultivators. I hesitate, not, however, to repeat concerning that study as well as others, (which might also have been selected by way of example,) that among fifty persons well versed in its science and competent to exercise the art, there may not be one qualified to set up as a public professor, and announce himself as the head or founder of a school. I put forward this statement, without fear of offending, much less of injuring either those learned and talented individuals who are deservedly eminent as Professors of Midwifery, or the important claims of their particular province.

To introduce, among observations connected with a work professedly on *evidence*, a mere assertion, instead of a *proof*, would be somewhat inconsistent—otherwise I might restrict myself *to say* that I do not despise midwifery—but I may as well inform my Reviewer that the study of midwifery, *to the fullest extent*, entered among my original qualifications to become a physician, and has ever since occupied a fair portion of my leisure hours. This being the case, it is for the best judges to draw the fair inference as to my estimation of its importance and utility. It is true I do not practise as an *accoucheur*; nor do I speak French in preference to English.

I would further observe that, in the regret I was led to express at the determination of the University of Edinburgh to exact attention to midwifery, (a circumstance which I believe the general voluntary practice of the students, in that School, hardly required to be made imperative,) with a view to obtaining academical honours, *in preference* to legal medicine, I merely lamented the omission of the latter. I am not unprepared to maintain, (though this be not the place,) both the importance and magnificence of Public Medicine, and, perhaps, to prove its superiority, even to midwifery, in the *due* sense of the word—but that *problem* I waive for the present. That the omission in question was considered rather glaring, is proved by its having been subsequently rectified.

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And now, by way of conclusion, allow me to say, that, while, on the one hand, I entertain all becoming, and, I might add, all desirable respect for midwifery, and while I fully acknowledge the "ability, intelligence, and usefulness of physician-accoucheurs," I can discriminate between that which is entitled to praise and that which is not—that which is reality, and that which is pretension—and I know that if all physicians are not accoucheurs, too many of these are not physicians. It may not be amiss to hint to my friend the Reviewer, (whose ideas of the main chance are sufficiently comprehensive to encourage even the student of "forensic subtelties,") that the ready, though laborious mode of getting "fees," afforded by midwifery, might not be a very insufficient reason for its extensive modern cultivation.

I remain,

Cotmandene, Surry. Yours truly,
July 15, 1825. J. G. SMITH.

II.

DR. DAVIS ON THE FORCEPS.

Mr. Weiss, the Surgeons' Instrument Maker, having in the last Number of the Medico-chirurgical Review, charged the author of the *Elements* of Operative Midwifery, recently published, with having adopted an invention of his (Mr. Weiss) without acknowledging it, Dr. Davis requests permission, in this number of the Journal, to give a short statement of the actual facts of the case.

Mr. Weiss was employed by Dr. Davis to make for him a pair of forceps with blades of unequal lengths for the purpose represented in plate X. of the Elements of Operative Midwifery.

Dr. Davis gave ample instructions as to the joint at (b) which he required to be made in the blade of the longer counterpart of his forceps; and that there might be no excuse for failure or inaccuracy in the construction of any part of the instrument, he furnished Mr. Weiss with a pelvis and an artificial child, which he accompanied with directions by demonstration on these models, as to the special properties of the new forceps, more precise and intelligible than it was in his power to have conveyed by any drawing. Mr. Weiss, at this period, had not only not invented his jointed lever, but had never seen nor heard of a vectis with a jointed blade, till Dr. Davis told him of the living lever of Dr. Aitkin. Mr. Weiss's vectis was not constructed for many weeks after he had executed Dr. Davis's order: moreover this vectis, now represented as the original instrument, was made to the order of a gentleman from the country, who took a fancy to the principle of it, in consequence of Dr. Davis's forceps having been shewn to him by Mr. Weiss

We understand that Mr. Robert Hicks, Surgeon, of Conduit-Street, has invented a very ingenious Bath of a most portable nature, and possessing the greatest facilities of application, for which he has taken out a patent. We shall be able to state more particulars in our next.

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III.

At the Annual General Meeting of the Associated Apothecaries and Surgeon-Apothecaries of England and Wales, held by public advertisement, at the Crown and Anchor Tavern, Strand, July 6th, 1825,

JOSEPH HAYES, Esq. PRESIDENT,

The General Committee presented the following Report.

IN conformity with established usage, your Committee has the honor to lay before the General Meeting a Report of its proceedings during the last year.

Anxious to effectuate the important objects for which it was appointed, your Committee has deliberated, at various times, on the best means of promoting the public welfare, and ameliorating the condition of the general practitioner, by improving his education, and increasing his attainments.

The imperfections and disadvantages of the Act of 1815, commonly called the Apothecaries' Act, have been so often alluded to, that it is unnecessary on this occasion to enter into any detail of them.

Since the last General Meeting, a Bill has been brought into Parliament, at the instance of the Society of Apothecaries, to amend the Act of 1815, but your Committee has to regret that, previously to its introduction into the Lower House, no opportunity was offered your Committee of proposing those ameliorations which the public good and justice to the general practitioner alike require; neither was any intimation given, unless a verbal communication avowedly unauthorized may be so termed, of the objects to be obtained by the proposed alteration; thus circumstanced your Committee felt it their duty to seek, through proper channels, precise information, and to endeavour to obtain, by representation to the legislature, those alterations which should conduce to the public benefit, and to the usefulness and respectability of the medical practitioner. A Sub-committee was accordingly appointed to carry these intentions into effect, the gentlemen composing it had an interview with Mr. Brougham, by whom they were received very courteously, and subsequently they conferred with Mr Hume, who entered with them into a patient and comprehensive investigation, both of the existing Act, and of the Bill for its amendment.

The enlarged view with which this distinguished legislator took of the subject, tracing its various bearings as relating both to the community and the profession, fully prepared them to expect from him that distinguished zeal and talent which he has since evinced in his place in Parliament, and which entitle him to the warmest thanks, not only of this Association, but also of every member of the medical community.

The Act, however, possesses so many inherent imperfections, that notwithstanding the proposed amendments, which, however, will be found to be important meliorations, it is to be feared it will still prove very inadequate to the more enlightened purposes originally contemplated by this Society.

The rapid progress of knowledge, the increasing attention of the legislature to the wants of the community, and above all, the intended establishment of a Metropolitan University, afford a just expectation that the period is not far distant when the ardent hopes of the Association, as subservient to the best interests of mankind, will be realized.

Published by Order of the General Meeting,

JOHN POWELL, *Secretary.*

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XIV.

INTELLIGENCE, CORRESPONDENCE, &c.

Anatomie Vivante; or, Skeleton importation Company.

These are the days of speculation! One of the most profitable, has been that of the Skeleton Importation Company. It appears that some of our half-pay captains, whose former duty it was, to "eat Frenchmen alive," have lately changed their occupation, (in conformity with these piping times of peace,) to that of picking the bones of a French skeleton; and good picking they have! Between three and four hundred of the hydra-headed but little-witted multitude of John Bulls—or rather John Gulls, have run daily to Pall Mall to get their half-crown share or sight of the living skeleton! In short, no Frenchman ever before excited such curiosity on these shores—except NAPOLEON himself. The living skeleton may therefore, in this respect, be considered as a second *Bony*-parte. The motto of the Company, over their office in Pall Mall, is very appropriate: *viz.* "*Praise God Barebones.*"

And after all, this wretched emblem of mortality does not present a single thing, from head to foot, that *ought* to excite, or *can possibly gratify* the laudable curiosity of saint, of savage, or of sage. The pictorial *representations* that have been paraded through the streets, pasted to the walls, and pourtrayed in the print-shops, are the reverse of *naked* truths—they are so many *naked* lies; and the whole is a scene of gross exaggeration on the part of the Company, and gullibility on that of the public.

We saw this meagre importation before he was exhibited to the public, in company with one of the first medical characters of this metropolis, and, it was our joint opinion that he would excite no interest whatever among the faculty of this country. The great expectation was that medical men would give any sum of money to see the wonderful structure and functions of a living skeleton; but the fact is, that there is nothing more to be seen than a man irregularly emaciated—the emaciation not being half so great as what we every day see in hospitals and other sanctuaries of sickness. He has considerable malformation of the chest, which was probably an original cause of the defective nutrition; but we strongly suspect that the emaciation is not entirely natural, and that this miserable being augments his natural meagreness by voluntary abstinence. Be this as it may, there is nothing in the case that can lead to the elucidation of any point in physiology or pathology.

Dr. Heiniker.

In the first volume of this series, page 486, *et. seq.* our readers will perceive a short notice of a paper on the climate of Madeira, by Dr. Heiniker, in which the reviewer regrets that Dr. H. should have treated the subject of phthisis with more levity than was suitable to such a subject. It appears, from a note in our respected cotemporay, the Medical Repository for September, (we have not yet seen Dr. H's. remonstrance) that the author "has felt aggrieved at Dr. Johnson's remarks." Now it is really very hard, and certainly unjust, that the conducting Editor of a Medical Review should

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be singled out by name, and assigned as the writer of every article in an extensive periodical journal. If Dr. Heliniker or the reader will please to refer to the volume and page, he will see by the very next article in succession, that Dr. Johnson was himself prostrate on the bed of sickness at the time; and Dr. J. can conscientiously aver that he never wrote a line of the critique, nor was he capable even of correcting the press during that quarter. This will convince Dr. H. that he is not indebted to Dr. Johnson for the animadversions on his paper, and it will probably induce other authors to be a little more charitable towards the editor, and not to place the sins of all the writers in this Journal to his individual account. The proper and just mode is surely to remonstrate with the *reviewer* and not with the Editor. On the present occasion, Dr. Johnson is truly grieved that any expression in the Journal should have hurt the feelings of any gentleman—and most of all the feelings of "an unresisting invalid." It is not the general character of this Journal to trample on the meek and truckle to the proud. Whenever it permits the *feelings of the heart* to influence the *judgment of the head*, it is far more inclined

"parcere subjectis et debellare superbos."

On recurring, however, to the critique in question (and we request our readers to re-peruse it) we really think that the animadversions could only have irritated a mind that was morbidly sensible to moral impressions.—Dr. H. is merely accused of having too great a flow of animal spirits, and of being able, like some of our most antient and sapient philosophers, to laugh at his own corporeal infirmities.—When we next visit Funchal, we shall be happy to ascend with Dr. H. to the mountain Convent, and crack a bottle of Madeira, together with many jokes, while viewing the picturesque and romantic scenes which that delightful spot commands. Till then—vive valeque.

Dr. Hartman of Leipzig has in the Press a Translation into German of Dr. Chisholm's Manual of Tropical Climates, and also of Dr. Johnson's 3d. Edition of "the Influence of Tropical Climates on European Constitutions."

Sea Water Baths.

We are very friendly to the extension of baths of every description in this country—and especially in this metropolis. We therefore heard, with much pleasure, that, among the numerous companies which the speculative age we live in has brought forth, there was one forming for the purpose of erecting baths in different parts of London, and supplying them with water from the ocean, at an expence considerably under that at which the same luxuries and medicinal agencies can now be procured. We consider it the duty and interest of the medical profession to encourage this undertaking, as it will, when carried into effect, afford them much facility in the application of a measure of the very highest importance in the practice of their avocations. In our next Number we hope to be able to lay more of the particulars before our readers.

Dr. GORDON SMITH will commence a course of lectures on FORENSIC MEDICINE and MEDICAL POLICE in the beginning of October. For a prospectus, containing particulars, apply to the Medical Booksellers.

N. B.—The Review of Dr. John Mason Good's *Second Edition* of the Study of Medicine will, we hope, appear in our next. We may state, in the mean time, that this Edition has received great improvements.

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Additional Subscribers since last Quarter.

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Sleigh, Mr. W. W. Member of the Royal College of Surgeons, and Lecturer on Anatomy and Surgery, Chapel Street, Grosvenor Square.
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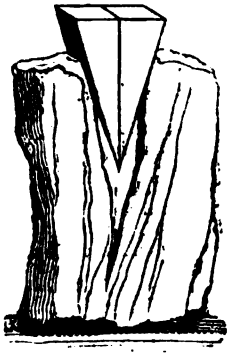

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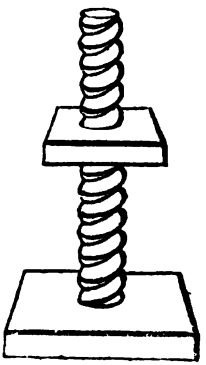

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